

Name
in
Full

Virgie Bethards

CERTIFICATE OF DEATH

MARYLAND

Died at Town Ironshire Mon. County

Date of death 190 9 July 22 Age One Months Days

Sex Female Color or Race Col. Birth-place Ironshire

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Estell. Bethards Mother's Birthplace Deponco^{md}

Name of person giving Information Mr. Briddell How related to deceased Step father

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long 6 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Charles Tyndall
Address Berlin

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Laipson co.

Name
in
Full

Cinderella Bone

182
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

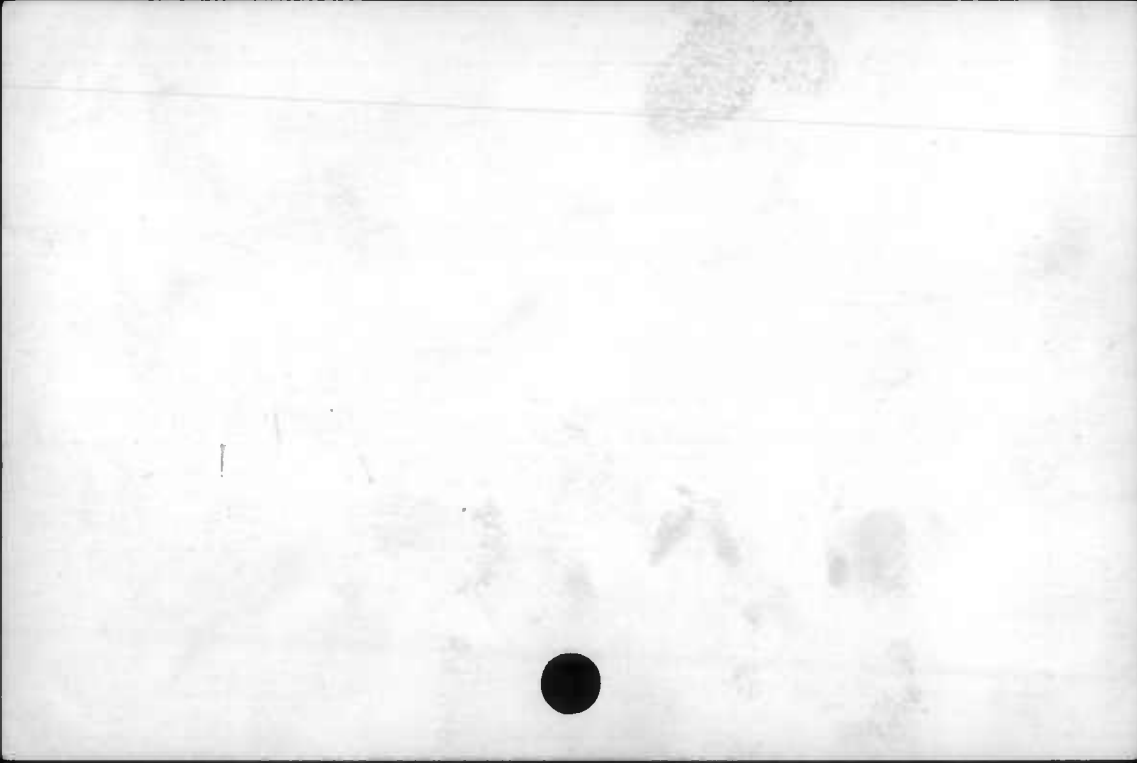
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		July	7	Age	66		
Sex	Female		Color or Race	colored		Birth-place	Worcester co
Occupation	Invalid for years		Where Residing if not at place of death		Near Pocomoke City		
Married, Single or Widowed	widow		Name of Wife or Husband				
Father's Name	George Fiddeman				Father's Birthplace	Worcester, Eng.	
Mother's Maiden Name	Alice Bone				Mother's Birthplace	Worcester, Eng.	
Name of person giving Information	Henry Sell.				How related to deceased	Stepson	

CAUSES OF DEATH

124

PHYSICIAN
OR CORONER

Primary	Vesica vaginal fistula		How long	40 years.
Immediate	Gastritis & Dehydration		How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. W. P. Spier		
Address		Pocomoke Md.		
Accident or Suicide				



Name
in
Full

William Thomas Boston

1922
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at *Near Pocomoke* Town *Worcester* County

Date of death *1909* *July* *30* Age *6* Months *2* Days

Sex *Male* Color or Race *White* Birth-place *at place of death*

Occupation *Infant* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *X* Name of Wife or Husband

Father's Name *William J Boston* Father's Birthplace *Near Bernice Bt*

Mother's Maiden Name *Laura P Lewis* Mother's Birthplace *Near Pocom Worcester*

Name of person giving Information *W J Boston* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

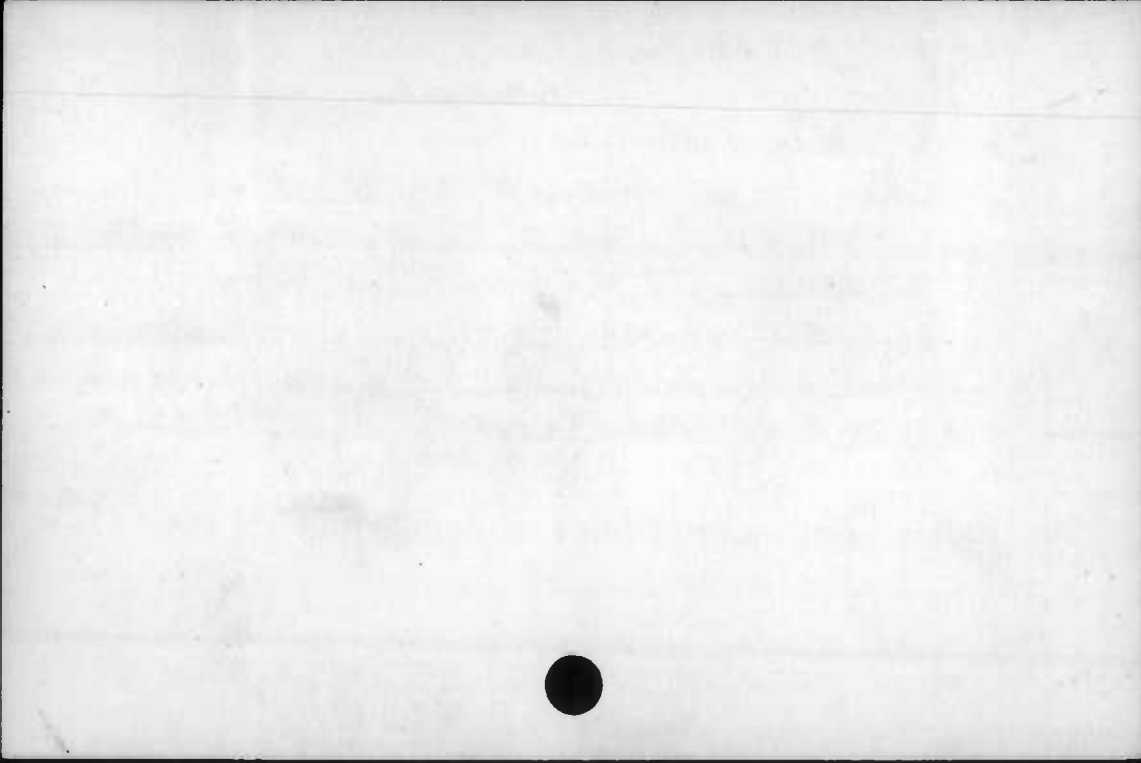
Primary *Probably Tuberculosis* How long *3 months*

Immediate *Insanition* How long *3 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J T Boston* Address *Pocomoke Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Cherry, Brittingham
Trape Town
Worcester County

Date

of death

1909

Month

July

Day

10

Age

Years

6

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Trape Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Jela, Brittingham

Mother's
Birthplace

Trape

Name of person giving
Information

Clara, Brittingham

How related
to deceased

Aunt

CAUSES OF DEATH

Primary

No Dr in Attendance
Summer Complaint

How long

105

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

OK La Massy

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jessie L. Bunting

Town *Bishopville* County *Monrovia*

Died at *Bishopville*

Date of death *1909 July 28* Age *65*

Month *July* Day *28* Years *65* Months *29* Days *29*

Sex *Female* Color or Race *White* Birth-place *Salisbury*

Occupation *House work* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *L. H. Bunting*

Father's Name *Isiah Young* Father's Birthplace *Delaware*

Mother's Maiden Name *Hannah Taylor* Mother's Birthplace *Delaware*

Name of person giving Information *L. H. Bunting* How related to deceased *Her Husband*

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary *Internal injury* How long *1 month to 5 days*

Fracture of arm, part of the ribs

Immediate *T. Rayner Due to fall* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *P. P. Collins*

Address *Bishopville Md.*

Accident or Suicide *Accident*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary H. Bunting* Town *Bishopville* County *Worcester* MARYLAND
Died at *Bishopville* Month *July* Day *23* Age *65* Years Months Days
Date of death *1909*
Sex *Female* Color or Race *White* Birth-place *Delaware*
Occupation *Housework* Where Residing if not at place of death *at Home*
Married, Single or Widowed *Widow* Name of Wife or Husband *Sampson Bunting*
Father's Name *James Timmons* Father's Birthplace *Del.*
Mother's Maiden Name *Mary Davis* Mother's Birthplace
Name of person giving Information *Mariah Bunting* How related to deceased *her son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Consumption* *27* How long *11 yrs.*
Immediate *No Intermittent* How long *7 weeks*
Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *J. P. Parker*
Address *Sumner, Ind.*
Accident or Suicide



Mary H. Davis

Town

County

MARYLAND

Died at Bhorells

County
Worcester

Date of death	190 9	Month July
-------------------------	-------	----------------------

Dey

Years

Months

Days

Age 19

Sex *Female*

Color or Race *White*

Birth-
place *Cleveland*

Occupation *Housewife*

Where Reading if not
at place of death *at brother's*

Married, Single or Widowed *Married*

Name of Wife or
Huabend *Charles Davis*

Father's Name *Isaac B. Brock*

Father's Birthplace *Mass Lund*

Mother's Maiden Name *Erica R. Hall*

Mother's Birthplace *Pr. Cal.*

Nama of person giving
 Information *Daniel Burke*

How related to deceased *brother*

27

Primary Infraculosis

How long
about 1 year

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. Collins

Address

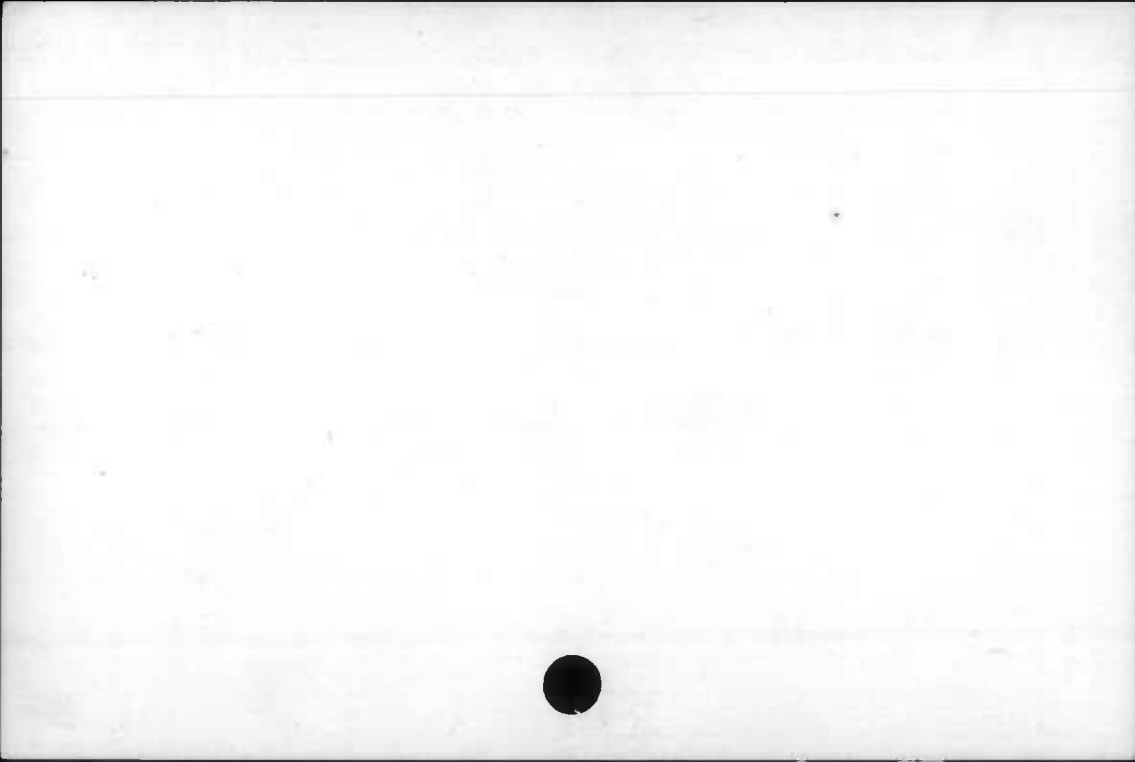
Brookfield

P. Wayne Jr.

Accident or Suicide

**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mildred Dennis
Died at *Near New Ark* *Nor*
Town County
Date of death 1909 *July* *1*
Month Day
Age *8* Years
Sex *Female* Color or Race *White* Birth-place *Near N Ark*
Occupation _____ Where Residing if not at place of death _____

MARYLAND

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name

Phil. Dennis

Father's Birthplace

Wicoma Co.

Mother's Maiden Name

Annie Woodrick

Mother's Birthplace

Near N. Ark

Name of person giving Information

Phil. Dennis

How related to deceased

Foster

CAUSES OF DEATH

105

Primary

Intestinal Indigestion
Diarrhea & mal nutrition

How long

5 weeks
2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. W. Drickson M.D.
Berlin Md

Accident or Suicide

PHYSICIAN
OR CORONER

At Lion

Name
in
Full

Rachel Dumes

187
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

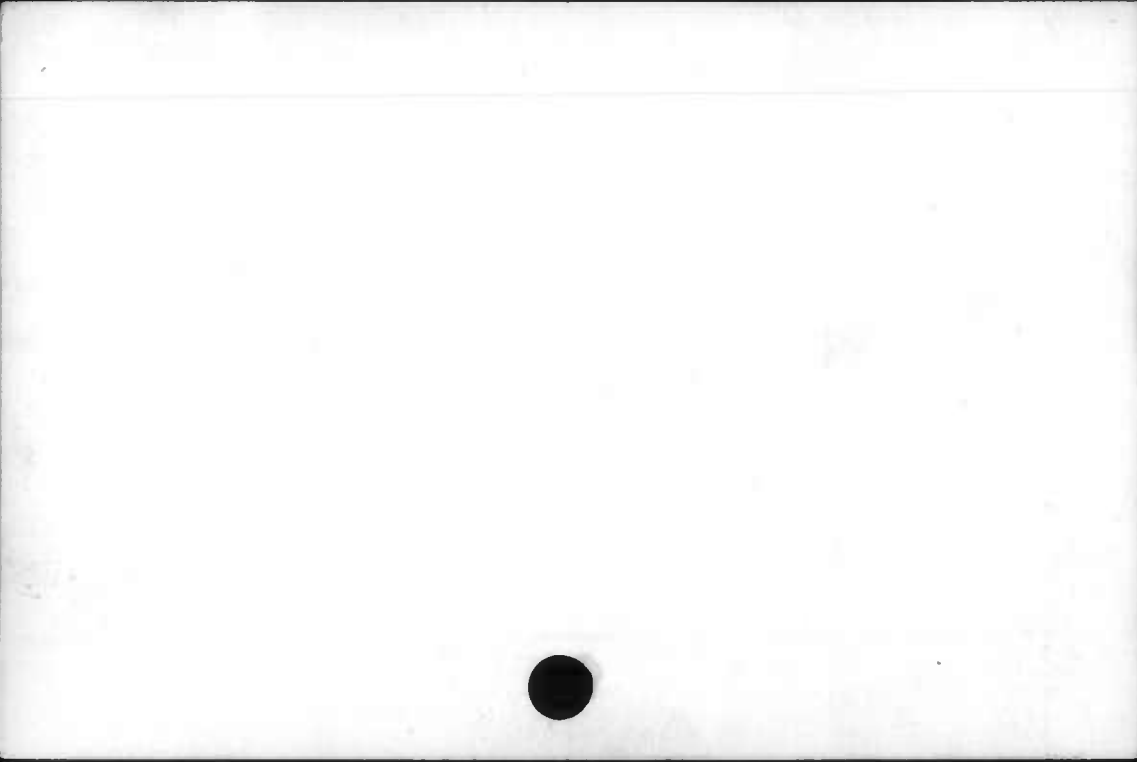
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		July	21	90			
Sex	Female	Color or Race	Colored	Birth-place	Norfolk Co		
Occupation	Domestic			Where Residing if not at place of death	Pawnee City		
Married, Single or Widowed	Widow			Name of Wife or Husband			
Father's Name	Denneard Dennis			Father's Birthplace	Norfolk Co		
Mother's Maiden Name	Henretta Dennis			Mother's Birthplace	Norfolk Co		
Name of person giving Information	Lewis Smith			How related to deceased	Son-in-law		

CAUSES OF DEATH

106

PHYSICIAN
OR CORNER

Primary	Indigestion	How long	one year
Immediate	Drarrhorea	How long	a month
Are the name, age, sex, color, data and place correctly given above?	yes	Signature of Physician	David S. Quinn
		Address	Pawnee City Mo
Accident or Suicide			



Name
in
Full

Frank Russel Dickinson

CERTIFICATE OF DEATH

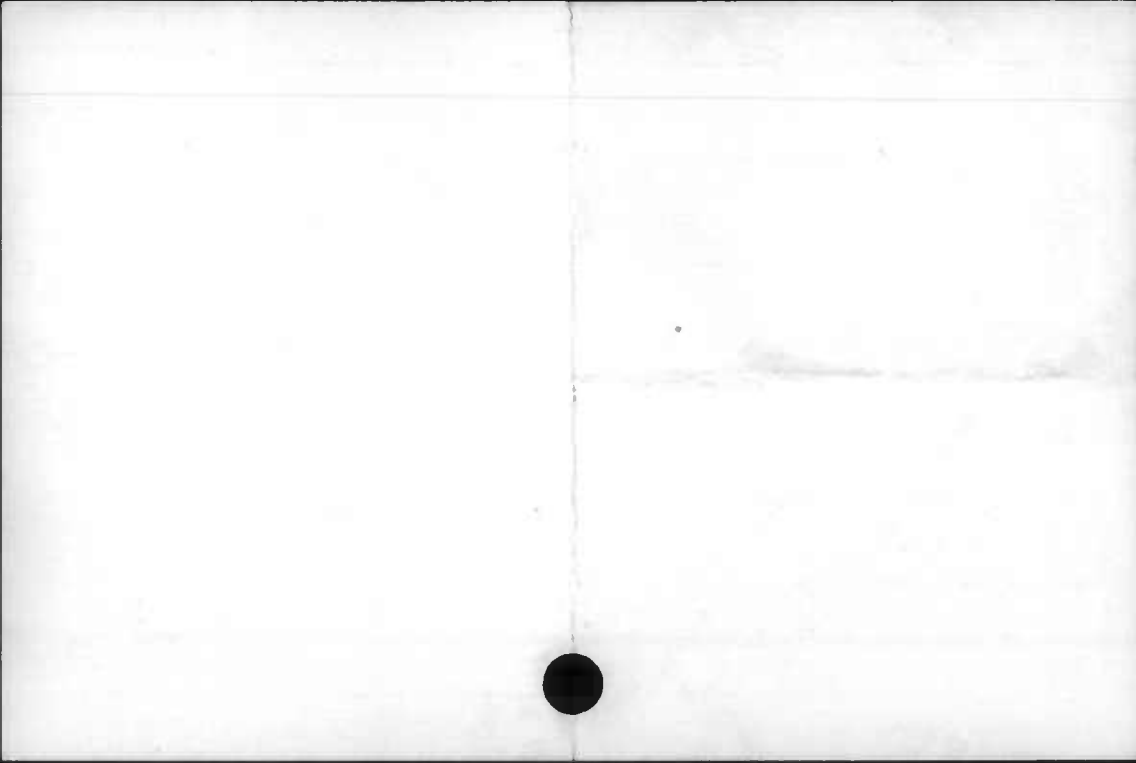
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		July	30	12			
Sex		Color or Race		Birth-place			
male		white		Philadelphia Pa			
Occupation				Where Residing if not at place of death			
				Philadelphia Pa			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Charles J. Dickinson				Father's Birthplace	
						Worcester's road	
Mother's Maiden Name		Lottie - First name -				Mother's Birthplace	
						Philadelphia Pa	
Name of person giving Information		Blanche Merritt				How related to deceased	
						Cousin	

CAUSES OF DEATH

172

Primary	Drowned	How long	1 Day in water
Immediate	Drowned	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Ephraim J. Hillman	
		Address	
		Cedar Corner and Justice of the Peace	
Accident or Suicide			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND


MARYLAND

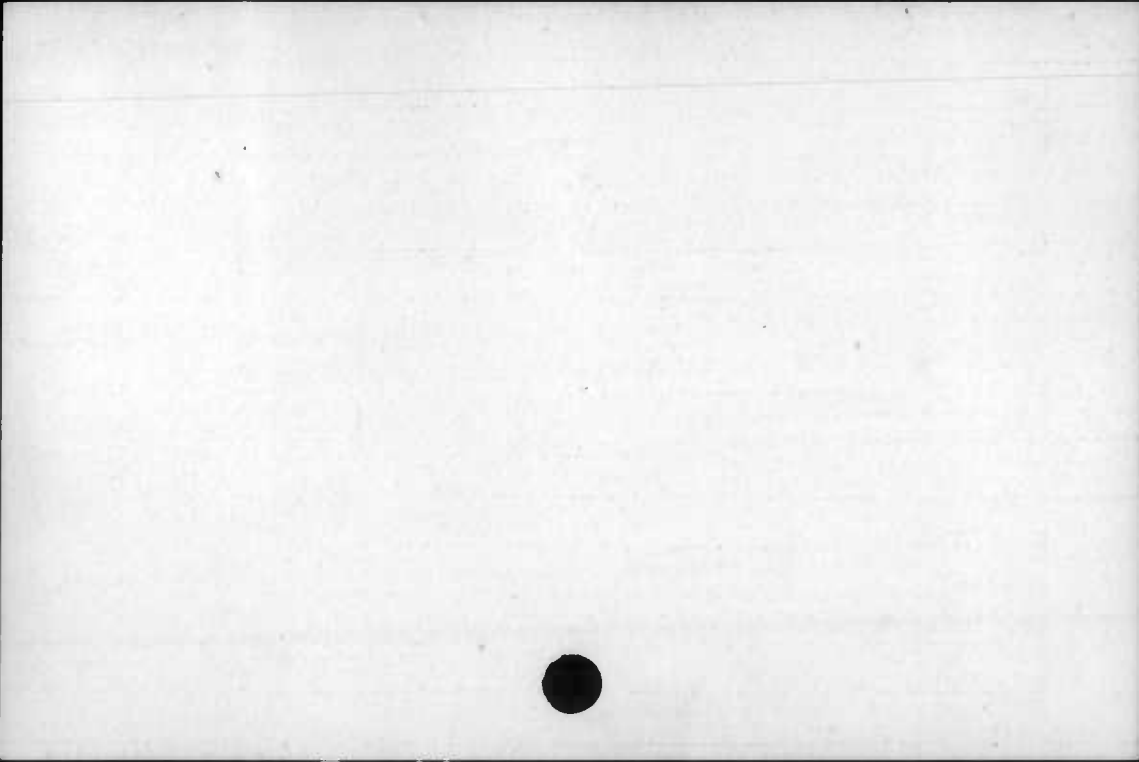
Died at <i>Bishop A. H. #1</i>		Town <i>Esrum</i>		County <i>Worcester</i>	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>28</i>	Age <i>28</i>	Years <i>0</i>	Months <i>2 1/2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>St. Anne's</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Charles A. Esrum</i>			Father's Birthplace <i>Del.</i>		
Mother's Maiden Name <i>Eva M. Wilder</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Harriet M. Wilder</i>			How related to deceased <i>Grandmother</i>		

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary <i>Asphyxia</i>	How long <i>2 1/2 months</i>
Immediate <i>No</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>No Doctor</i>
<i>P. Rayne for</i>	Address 
Accident or Suicide?	



Name
in
Full

Lilla Farlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Synepusant* County *Worcester* **MARYLAND**

Died at *Synepusant*

Date of death 1909 *July* Month *29* Day *29* Age *—* Years *7* Months *—* Days *—*

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation *—* Where Residing if not at place of death *—*

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*John Farlow*Father's
Birthplace*Maryland*Mother's
Maiden Name*Lilla Snell's*Mother's
Birthplace*Maryland*Name of person giving
Information*Lizzie Thastlings*How related
to deceased*Sister*

CAUSES OF DEATH

(179)

PHYSICIAN
OR CORONER

Primary

How long

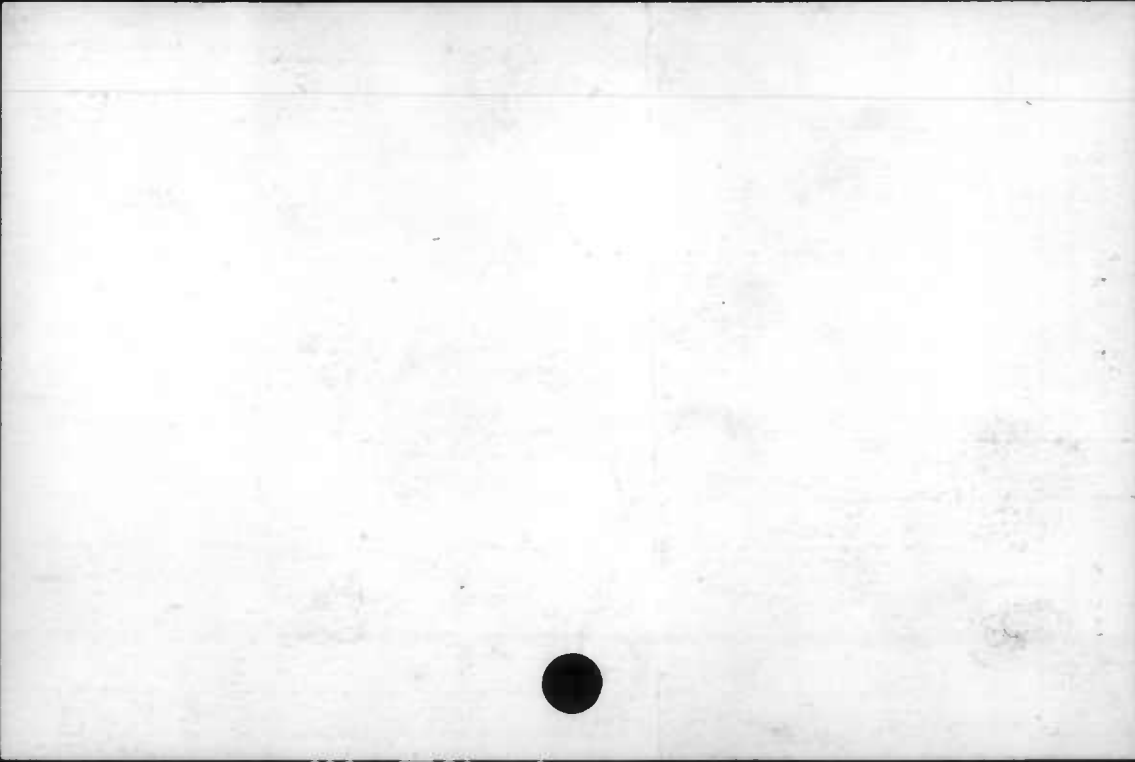
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

J. B. Baggett M.D.
Ocean City
*Md.*Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Amos. Forett Town *Berlin* County *Nor*

Died at *Berlin* Month *July* Day *4* Age *1* Years *1* Months *1* Days *—*

Date of death *1909*

Sex *male* Color or Race *Col.* Birth-place *Berlin Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Chas. Forett* Father's Birthplace *Berlin*

Mother's Maiden Name *Carrie Spencer* Mother's Birthplace *Berlin Md*

Name of person giving Information *Chas. Forett* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *3 weeks*

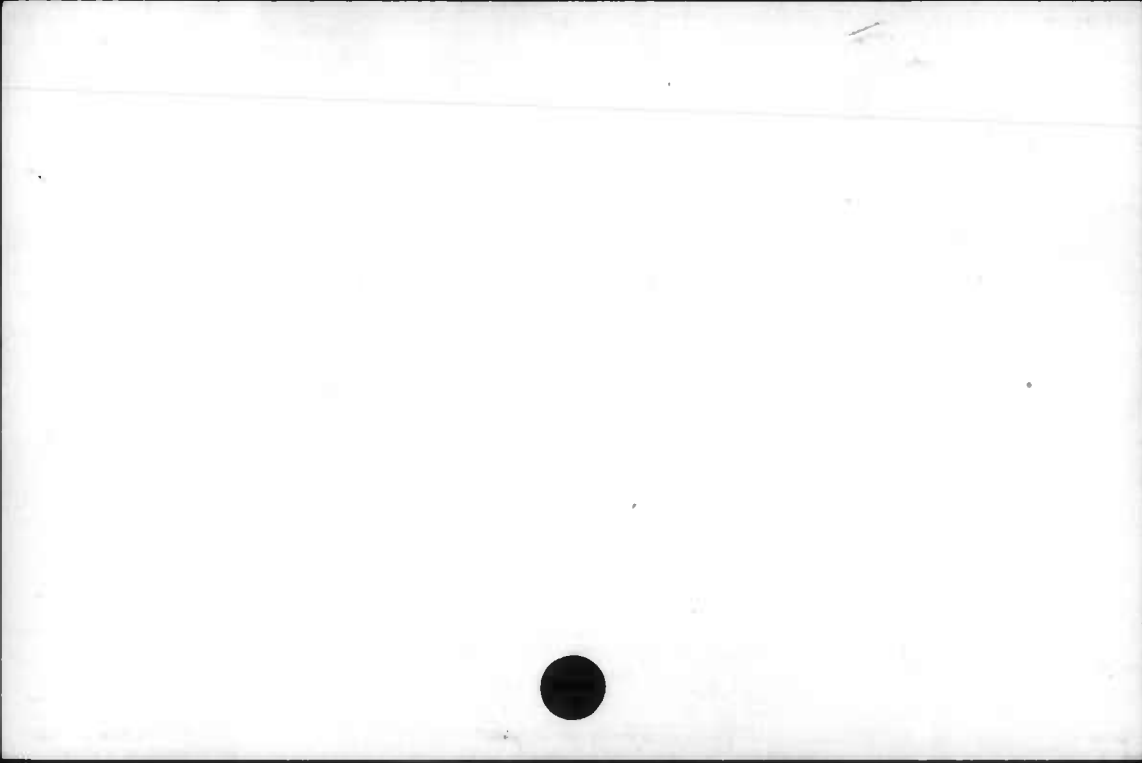
Immediate *Cholera Infantum* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. B. Brinkman* Address *Berlin Md*

Accident or Suicide *—*





Name
in
Full

186
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Prerake City</i>		County <i>Preraster</i>		MARYLAND	
Date of death	Month <i>July</i>	Day <i>17</i>	Age <i>1</i>	Months <i>2</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Prerake City</i>		
Occupation <i>✓</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>✓</i>		Name of Wifs or Husband <i>✓</i>			
Father's Name <i>Edward Ginn</i>		Father's Birthplace <i>Preraster Co. Ky</i>			
Mother's Maiden Name <i>George Bailey</i>		Mother's Birthplace <i>Preraster Co. Ky</i>			
Name of person giving Information <i>Edward Ginn</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long <i>3 months</i>
Immediate	<i>Exhaustion</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. Leet Hae</i>
		Address <i>Prerake City. W. Va.</i>
Accident or Suicide		



Name
in
Full

191
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

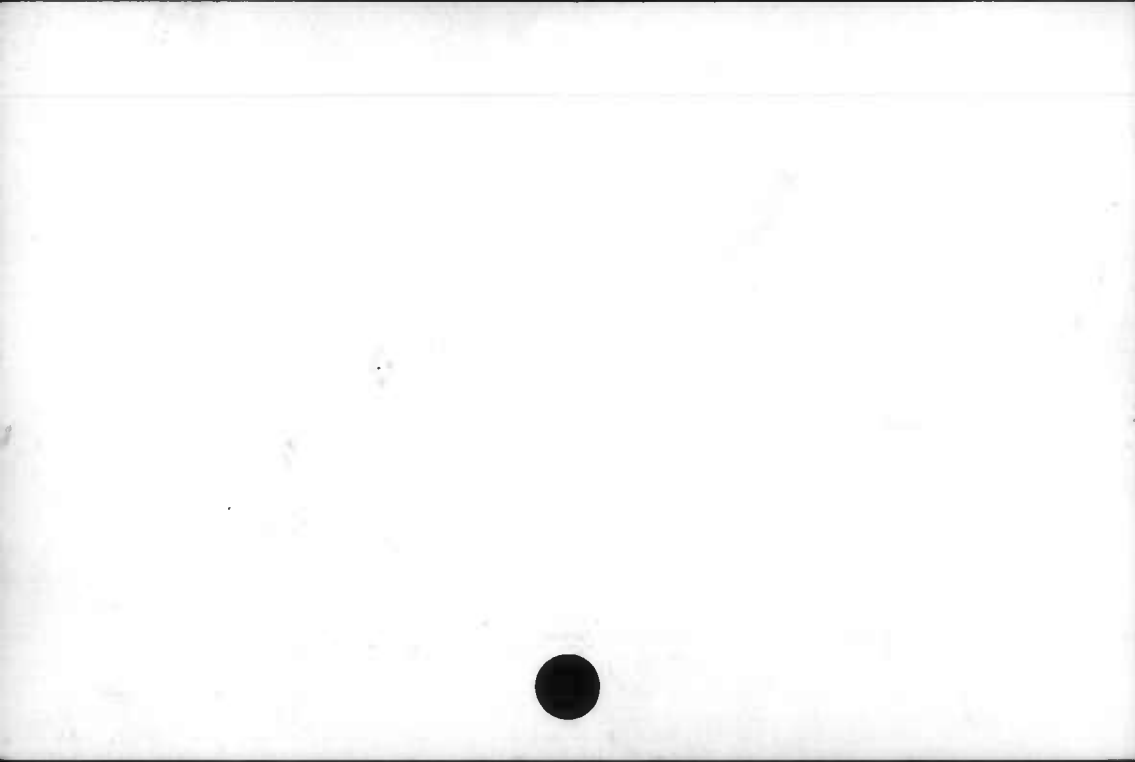
Julia Fumbers
Died at *Pocomoke City* Town *Worcester* County
Date of death 190 *9* Month *July* Day *23* Age *47* Years Months Days
Sex *Female* Color or Race *colored* Birth-place *Accomac Co*
Occupation *domestic* Where Residing if not at place of death *Pocomoke City*
Married, Single or Widowed *widow* Name of Wife or Husband
Father's Name *Joseph Durnis* Father's Birthplace *Accomac Co*
Mother's Maiden Name *Rachel Corbin* Mother's Birthplace *" "*
Name of person giving Information *Noah Gentry* How related to deceased *Bro in Law*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Chronic Pulmonary*
Immediate *exhaustion*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *Samuel H. Rivers*
Address *Pocomoke City, Md*
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Infant
Shoultz

Holston
Wineson

MARYLAND

Date

of death

1906

Month

7

Day

28

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Shoultz

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Jay Holston

Father's
Birthplace

Beiler

Mother's
Maiden Name

Soller Clark

Mother's
Birthplace

Beiler

Name of person giving
Information

Jay Holston

How related
to deceased

Father

CAUSES OF DEATH

Primary

Unknown

How long

Immediate

Unknown

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

E. E. Holla
Beiler
Ind

PHYSICIAN
OR CORONER

^c
in country.

Name
in
Full

Capt J & J. Hulsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

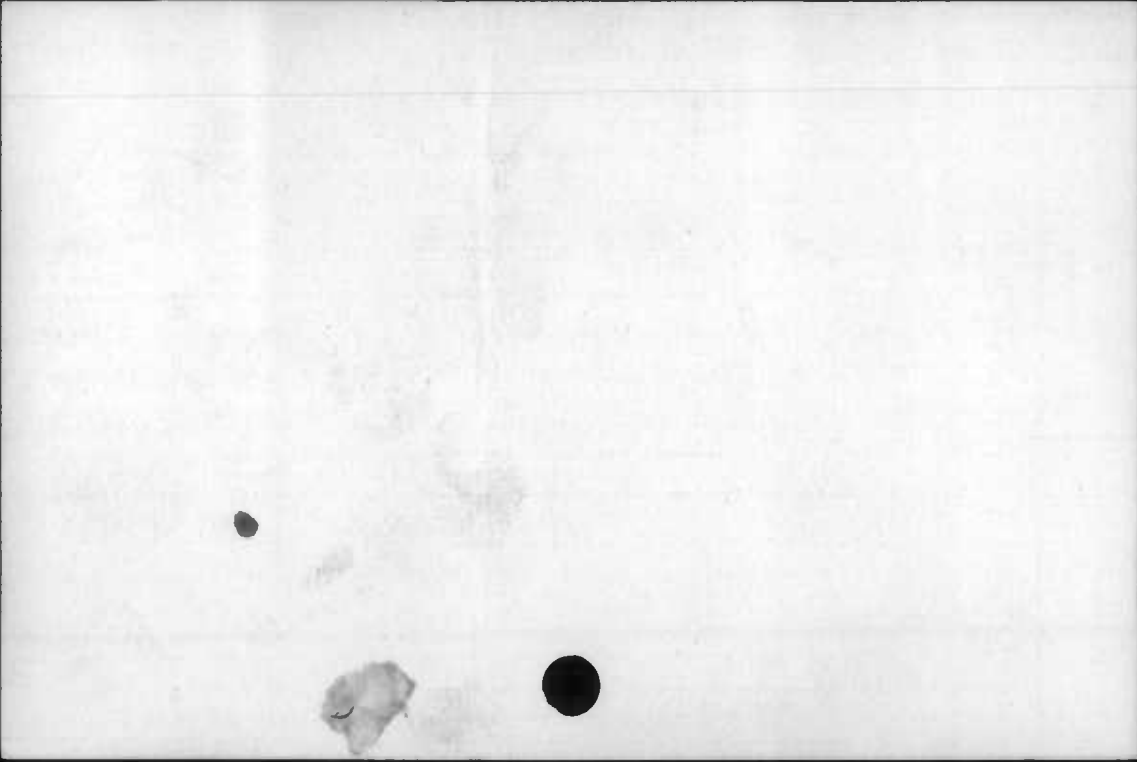
Died at <i>North Beach L.S. Station</i>		Town <i>North Beach</i>		County <i>Maryland</i>	
Date of death <i>1909</i>	Month <i>7</i>	Day <i>13</i>	Age <i>52</i>	Months <i>6</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>near Stockton</i>			
Occupation <i>Keyp of L.S. Station</i>	Where Residing if not at place of death <i>North Beach L.S.S.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>May E. Hulsend</i>				
Father's Name <i>George Hulsend</i>	Father's Birthplace <i>-</i>				
Mother's Maiden Name <i>Wm. Biech</i>	Mother's Birthplace <i>North Beach</i>				
Name of person giving information <i>Wallace Hulsend</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

158

PHYSICIAN
OR CORONER

Primary <i>Suicide</i>	How long
Immediate <i>By drowning.</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Baggett M.D.</i>
	Address <i>Ocean City, Maryland.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Lemuel J. Hudson

Town

County

MARYLAND

Died at

Bishop's F. & C. Co.

Worcester

Date

of death

190

9

July

Month

Day

11th

Age

56

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Del.

Occupation

Farmer

Where Residing if not
at place of death

at Home

Married, Single
or Widowed

Married

Name of Wife or
Husband

Annie C. Dukes

Father's
Name

Levon Hudson

Father's
Birthplace

Del.

Mother's
Maiden Name

Nancy Hudson

Mother's
Birthplace

Del.

Name of person giving
Information

Levon H. Hudson

How related
to deceased

Son

CAUSES OF DEATH

Primary

Consumption Asthma

How long

6 months

Immediate

No Broncho-pneumonia

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

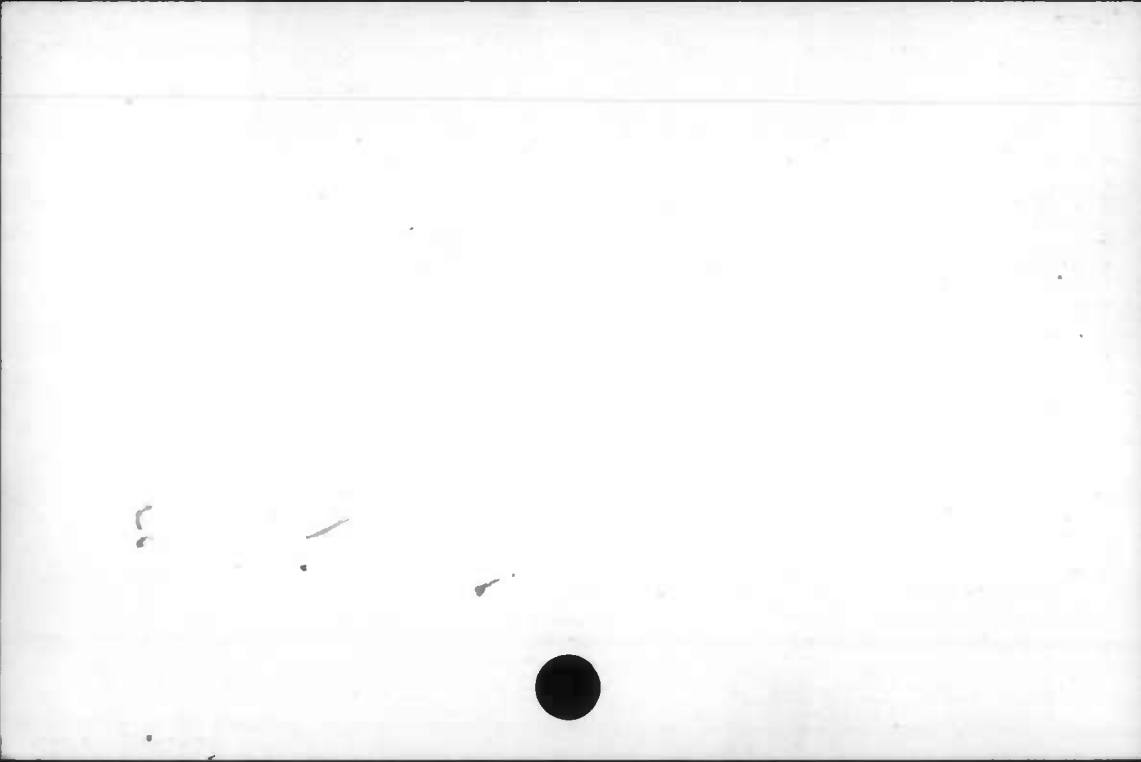
Address

J. B. Dukes
Signed -
J. B. Dukes

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

Mary Hester Jackson

Town

County

MARYLAND

Died at *Griddle Tree Office*

Worcester

Date

of death

1909

Month

July

Day

10

Years

Age

19

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Griddle Tree Md

Occupation

House wife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Samuel Jackson

Father's
Name

Peter Stewell

Father's
Birthplace

Griddle Tree Md

Mother's
Maiden Name

Fannie R. Redden

Mother's
Birthplace

Griddle Tree Md

Name of person giving
Information

Samuel Jackson

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Typhoid fever

How long

2 mos

Immediate

Intestinal tuberculosis

How long

4 wks

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

John L. Riley

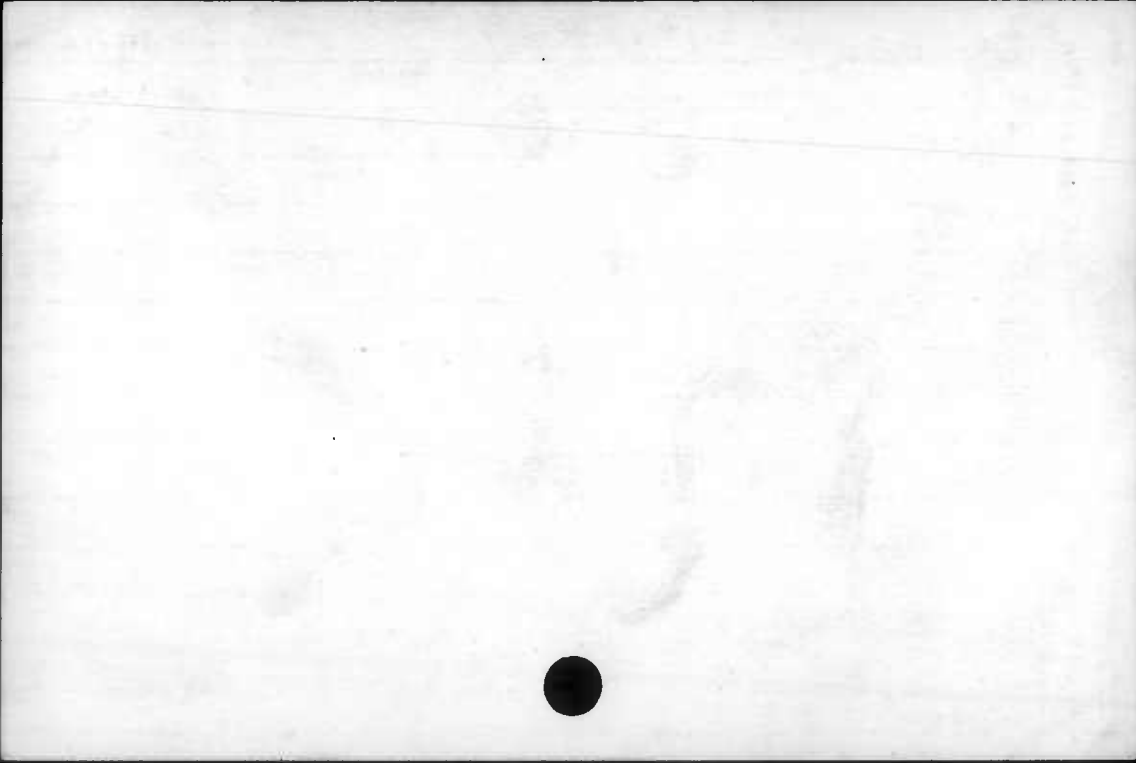
Address

Snow Hill Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

George James

188
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Paromoke city* *Morristown* County
MAYLAND
Date of death 190 *9* Month *July* Day *21* Age *66* Years
Sex *Male* Color or Race *colored* Birth-place *Morristown Co*
Occupation *Laborer* Where Residing if not at place of death *Paromoke city*
Married, Single or Widowed *Widower* Name of Wife or Husband
Father's Name *Henry Kitchers* Father's Birthplace *Morristown Co*
Mother's Maiden Name *Lillie Henderson* Mother's Birthplace
Name of person giving Information *Lorenz James* How related to deceased *Son*

CAUSES OF DEATH

Primary *Softening of Brain* *65* How long *a year or more*
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Yes

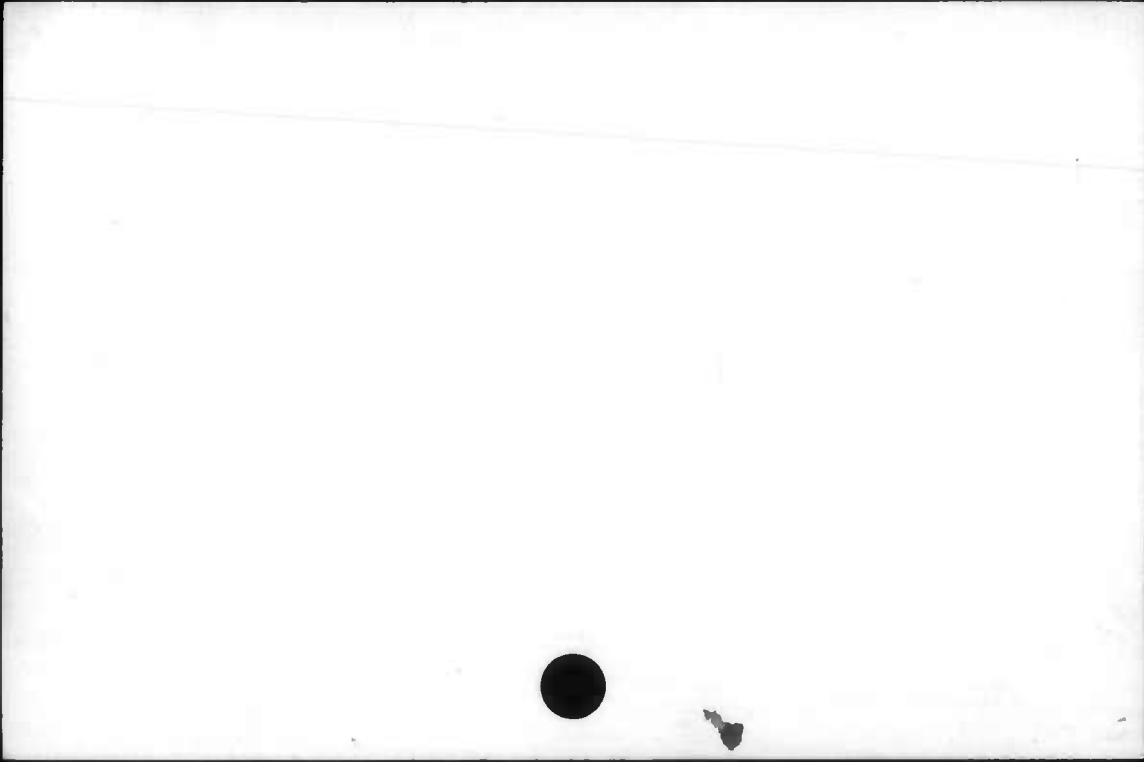
Signature of Physician

Address

Samuel S. Linn
Paromoke city, Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

George H. Hitchens

193

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

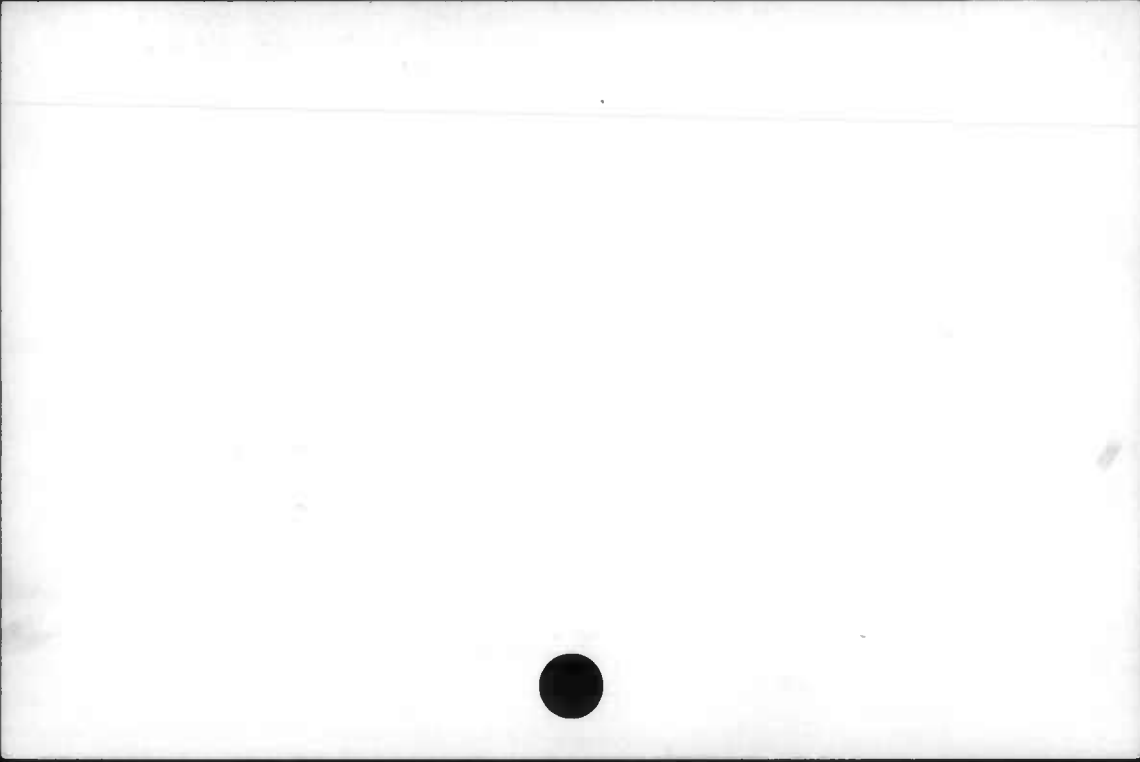
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		July	21	Age	68		
Sex	Male	Color or Race	colored	Birth-place	Morristown		
Occupation	Laborer			Where Residing if not at place of death	Morristown		
Married, Single or Widowed	widowed			Name of Wife or Husband	not known		
Father's Name	Henry Hitchens			Father's Birthplace	Morristown Co		
Mother's Maiden Name	not known			Mother's Birthplace			
Name of person giving Information	my own knowledge			How related to deceased			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	grippe	How long	some months
Immediate	Paralysis	How long	3 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Samuel H. Quinn
		Address	Morristown Md
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Whaleyville*

Town

Harvest

County

Date

of death 1909

Month

July

Day

22

Years

Age *84*

Months

2

Days

4

Sex

*Female*Color or
Race*White*Birth-
place*Harvester Co*

Occupation

*House wife*Where Residing if not
at place of deathMarried, Single
or Widowed*Widowed*Name of Wife or
Husband*Pernel Lewis*Father's
Name*Minus Truitt*Father's
Birthplace*Subs Co Del*Mother's
Maiden Name*Kellie Briner*Mother's
Birthplace*Harvester Co*Name of person giving
Information*Merrel Lewis*How related
to deceased*her son*

CAUSES OF DEATH

154

How long

1 year

How long

Primary

Old age

Immediate

*Heart failure*Are the name, age, sex, color, date
and place correctly given above?*T. R. Rye*Signature of
Physician*G. A. Holland M.D.*

Address

*Whaleyville**M.D.*

Accident or Suicide

*no*PHYSICIAN
OR CORONER

Record at Bridgetown

Name
in
Full

CERTIFICATE OF DEATH

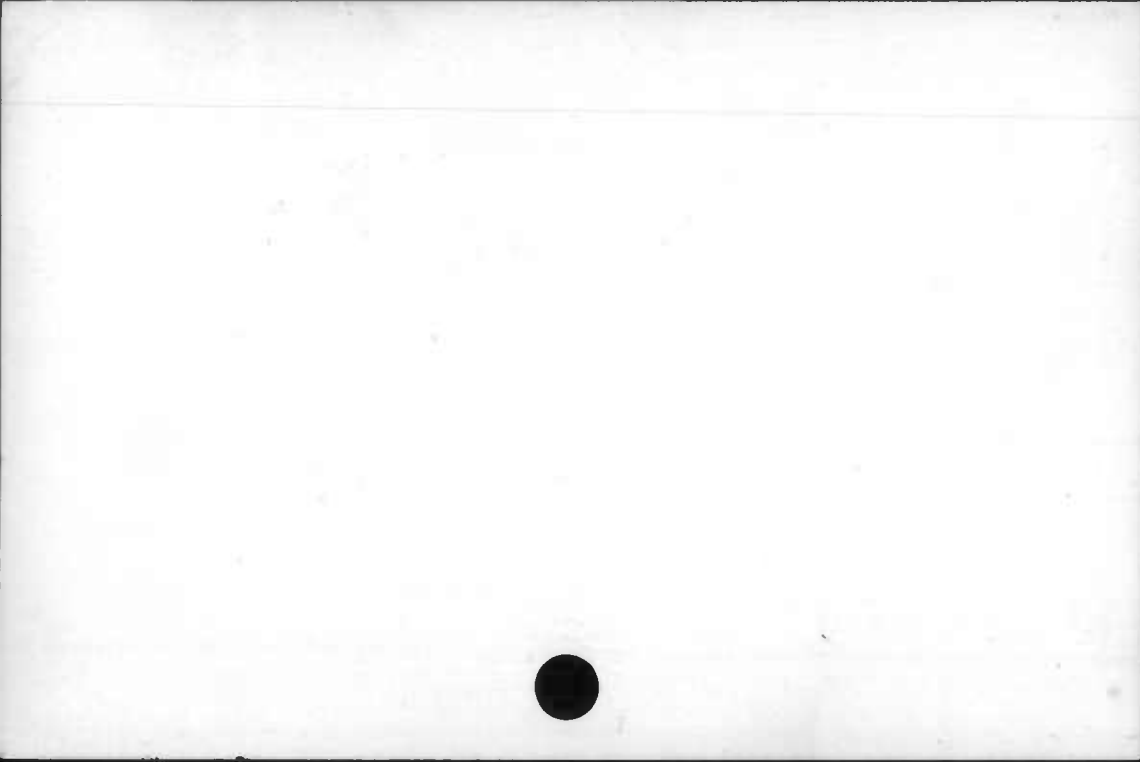
TO BE ANSWERED BY
NEAREST FRIEND

Name *John P. Murray* Town *Burish Ind R F D #1* County *Worcester*
Died at *Burish Ind R F D #1* MARYLAND
Date of death 190 *9* Month *July* Day *24* Age *75* Years *7* Months Days
Sex *Male* Color or Race *White* Birth-place
Occupation *Farmer* Where Residing if not at place of death *at home*
Married, Single or Widowed *Married* Name of Wife or Husband *Nannie Luillen*
Father's Name *Lott Murray* Father's Birthplace *Del.*
Mother's Maiden Name *Nannie Parker* Mother's Birthplace *Del.*
Name of person giving Information *Harry M. Murray* How related to deceased *Son*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *arteriosclerosis & heart failure with lungs* How long *4 yrs.*
Immediate *no Pulm. edema* How long *2 da-*
Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *J. P. Bishop*
Address *Stumped Ind.*
Accident or Suicide *Ind.*



Name
in
Full

Holma Piece

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Superintendent* Town *Nov* CountyDate of death 1909 *July* Month *24* Day Age *19* Years Months DaysSex *Female* Color or Race *Black* Birth-place *Kent Co Md.*Occupation *Doughter in family* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *John W. Piece*Father's Birthplace *Kent Co. Md.*Mother's Maiden Name *Annie's Butler*Mother's Birthplace *" " "*Name of person giving Information *John W. Piece*How related to deceased *Father*

CAUSES OF DEATH

Primary *Tuberculosis**27* How long *1 year*

Immediate

Are the name, age, sex, color, date and place correctly given above?

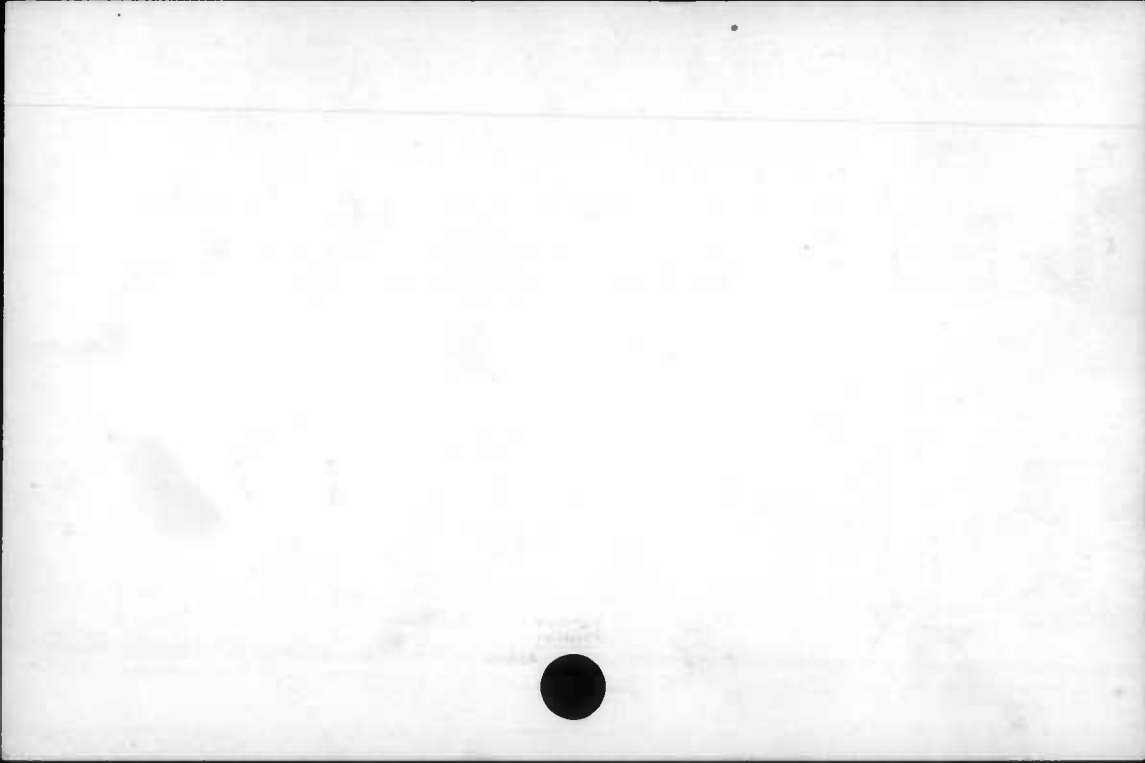
Yes

Signature of Physician

Address

*Ebe J. Holland
Berles*

Accident or Suicide



Name
in
Full

Susan C. Pruitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

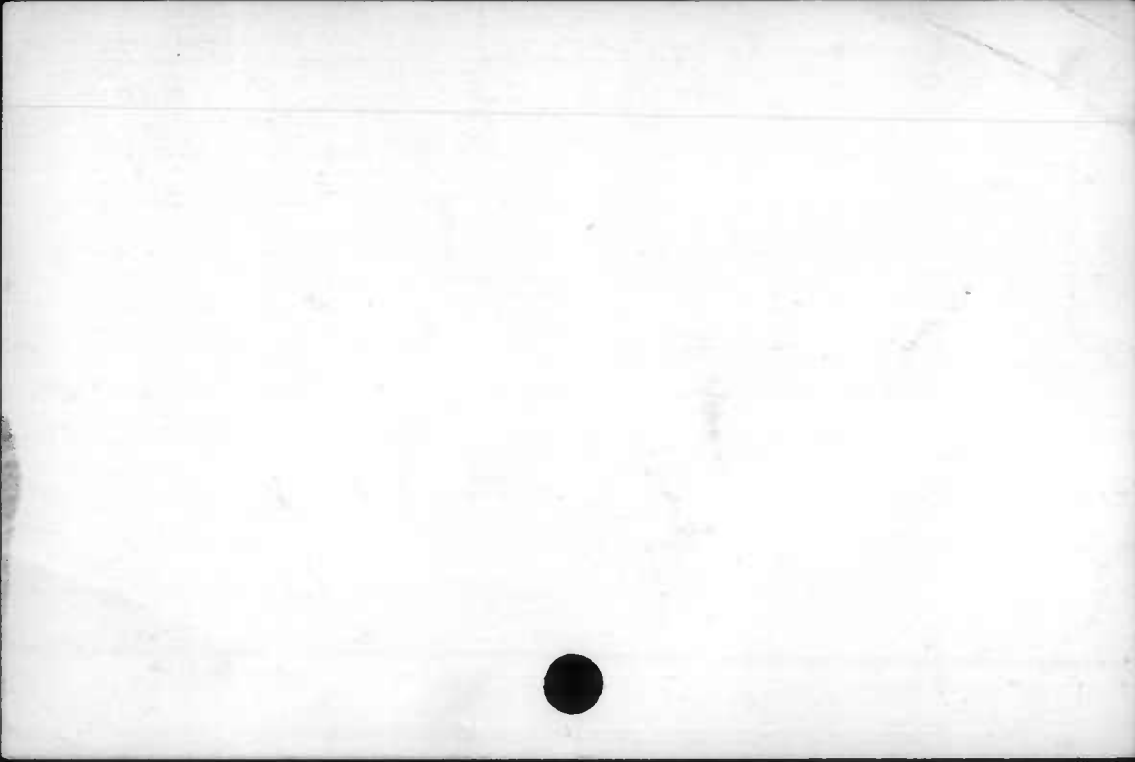
Died at <u>Snow Hill</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	1909	Month	July	Day	13
Age	86	Years		Months	4
Sex	Female	Color or Race	White	Birth-place	Ind
Occupation	<u>None</u>		Where Residing if not at place of death <u>Snow Hill</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>Not Known</u>		
Father's Name	<u>unknown</u>		Father's Birthplace <u>unknown</u>		
Mother's Maiden Name	<u>unknown</u>		Mother's Birthplace <u>unknown</u>		
Name of person giving Information	<u>A P Pullingham</u>		How related to deceased <u>Grand son</u>		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<u>Paralysis</u>	How long	<u>3 yrs</u>
Immediate	<u>Diarrhea</u>	How long	<u>weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Paul Jones</u>
		Address	<u>Snow Hill Md</u>
Accident or Suicide	<u>—</u>		



Name
in
Full

CERTIFICATE OF DEATH

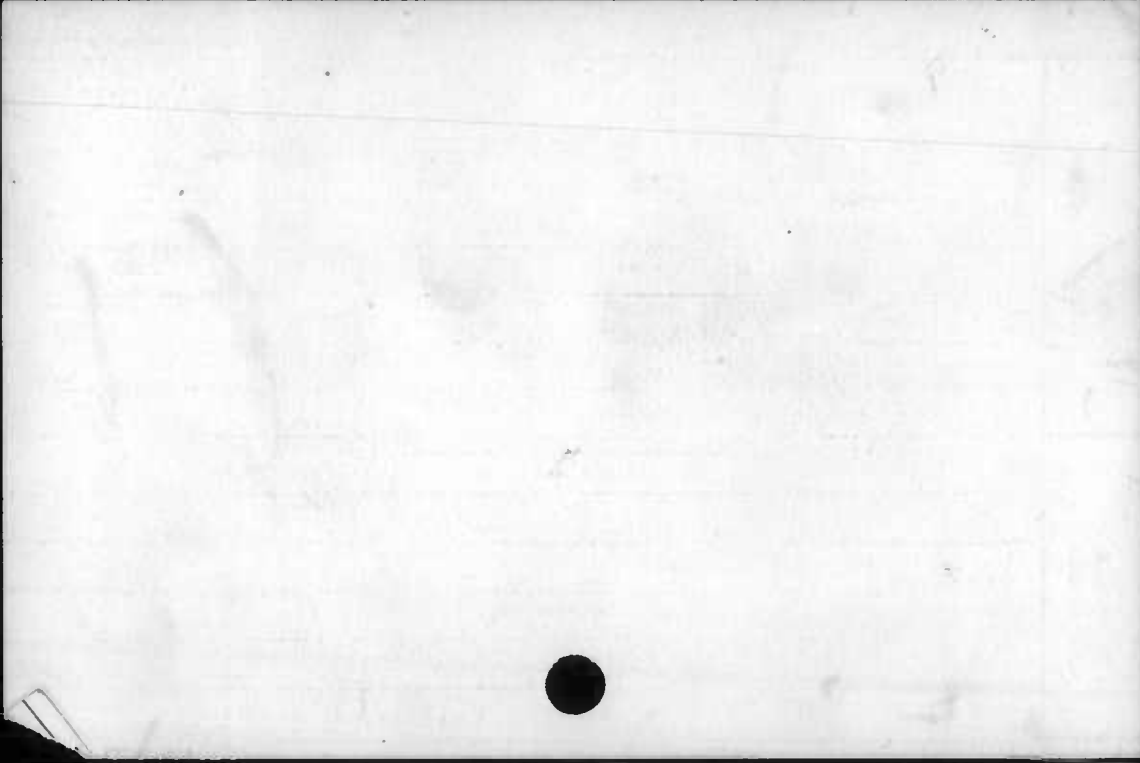
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rockton</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death	1909	Month	7	Day	10
Age	Still born		Years	Months	Days
Sex	Male		Color or Race	Black	
Occupation	Infant		Birth-place	md	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Clarence Purcell		Father's Birthplace	
Mother's Maiden Name		Bertie Handy		Mother's Birthplace	
Name of person giving information		Clarence Purcell		How related to deceased	
				father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born</u>	How long	<u>8</u>
Immediate	<u>Still Born</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<u>W. D. Payne J.D.</u>	
		Address	
Accident or Suicide?			



Name
in
Full

188
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Alga Pussey
Town
Athenums Dist

County

Morristown
MARYLAND

Date

1909 July

Month

Day

15

Age

Years

27

Months

Days

Sex

male

Color or
Race

White

Birth-
place

Monrovia Co

Occupation

Farmer

Where Residing if not
at place of death

Athenums Dist

Married, Single
or Widowed

Married

Name of Wife or
Husband

Jennie

Beauchamp

Father's
Name

Littleton Pussey

Father's
Birthplace

Morristown Co

Mother's
Maiden Name

Harriet Anderson

Mother's
Birthplace

11 11

Name of person giving
Information

Adel Pussey

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Phthisis Pulmonalis

How long

2 years

Immediate

Haemorrhage

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

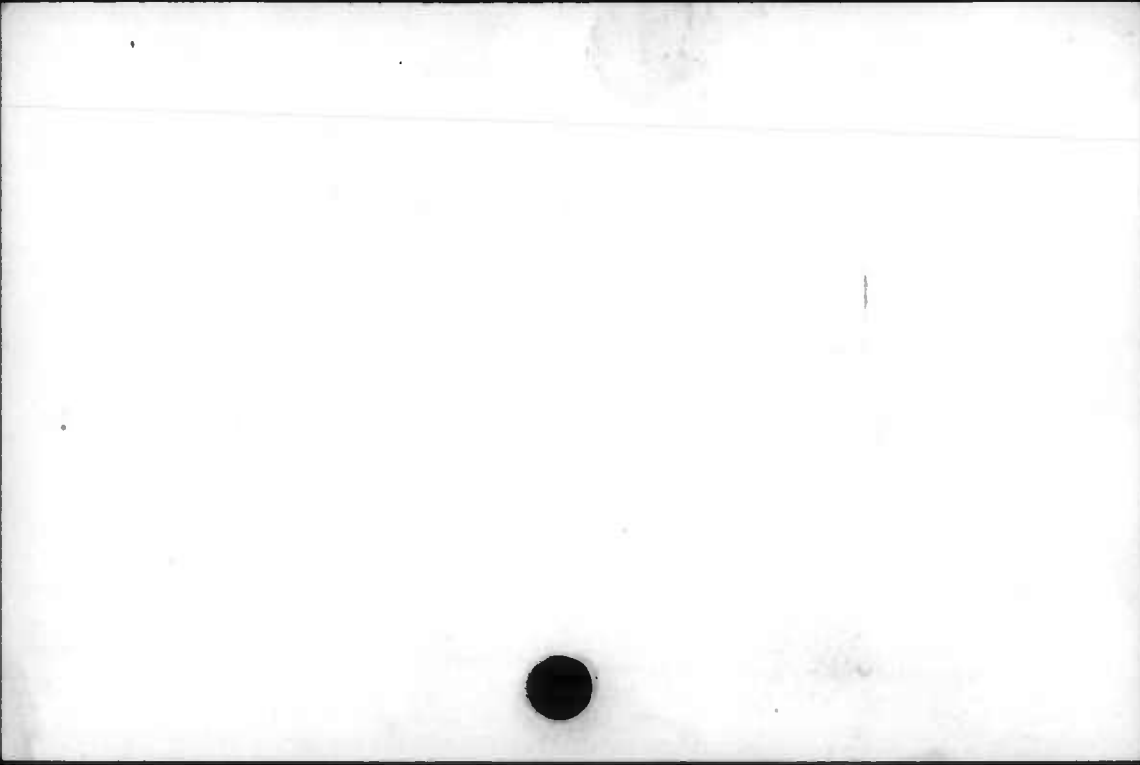
Signature of
Physician

Address

Samuel J. [Signature]
P.O. Arncliffe, Pa

Accident or Suicide

PHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u>		Town <u>Winchester</u>		County <u>Winchester</u>		MARYLAND	
Date of death <u>1909</u>		Month <u>July</u>		Day <u>1</u>		Years <u>1</u>	
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Maryland</u>		Month <u>4</u>	
Occupation <u> </u>		Where Residing if not at place of death <u> </u>		Days <u> </u>			

~~Married, Single~~
~~or Widowed~~

Name of Wife or
Husband

Father's
Name

Father's Birthplace

Mother's
Meiden Name

Mother's Birthplace

Name of person giving information _____

How related
~~to disease~~

CAUSES OF DEATH

Primary

How long

Immediate

How long

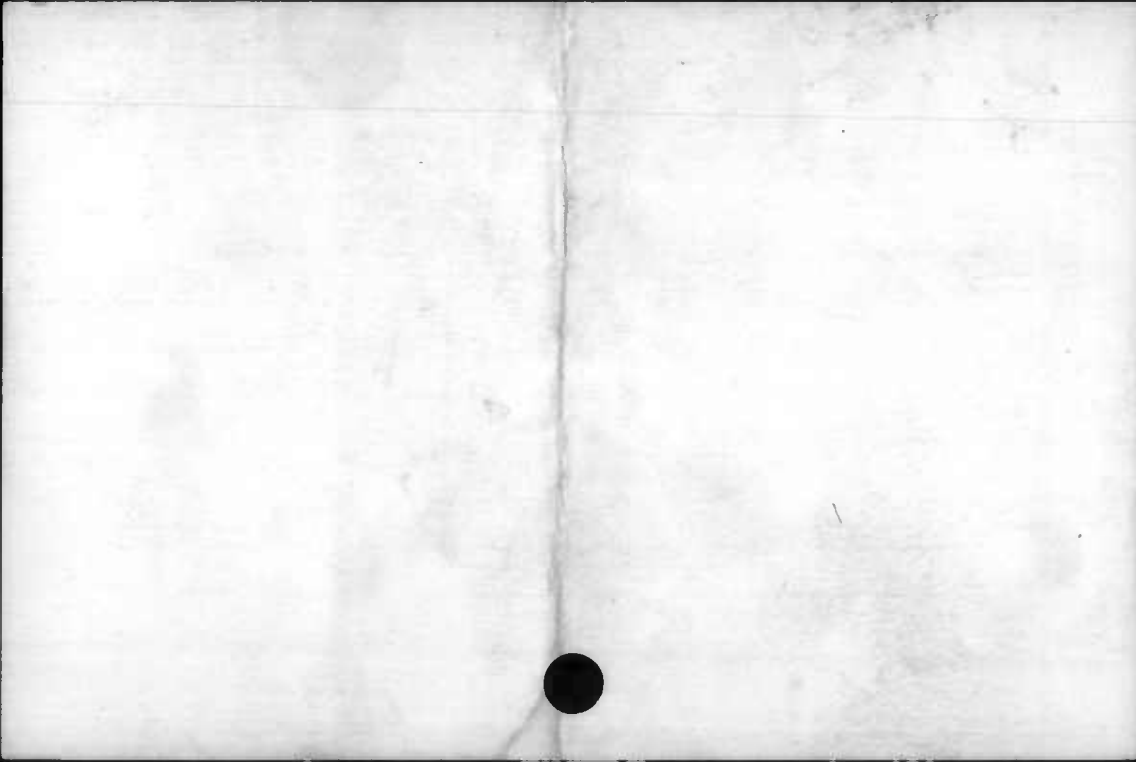
Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address _____

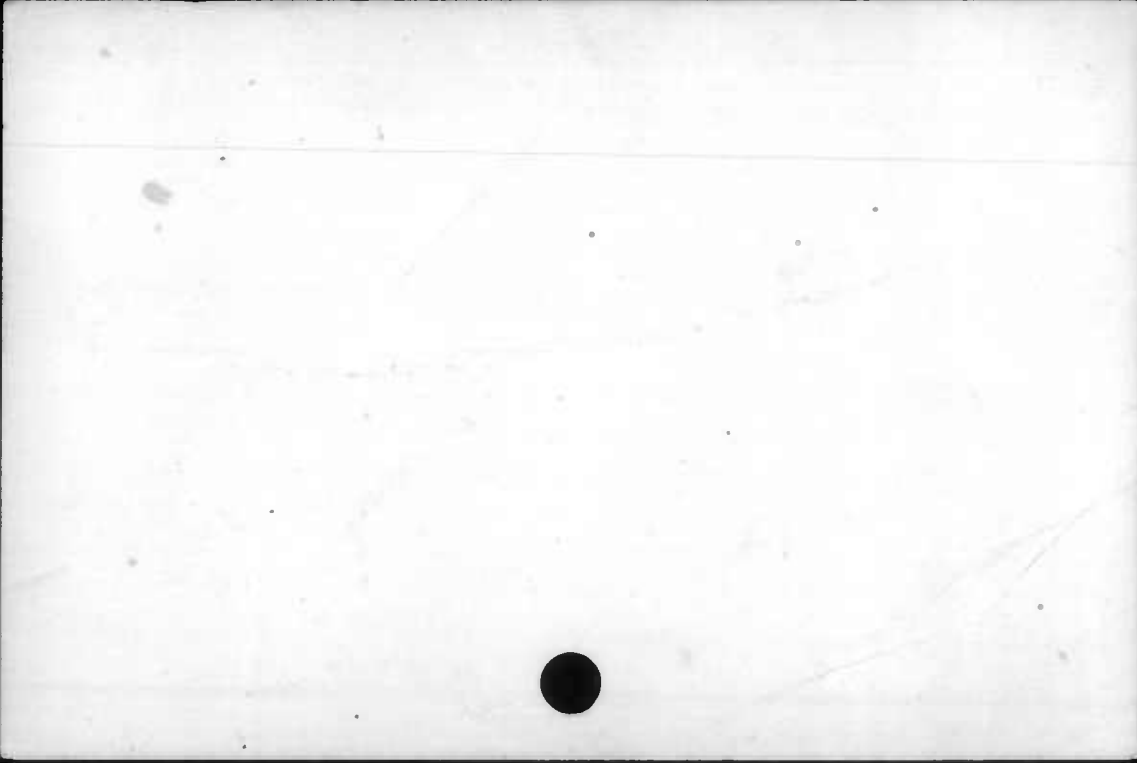
Accident or Suicide

**PHYSICIAN
OR CORONER**



CERTIFICATE OF DEATH

CAUSES OF DEATH



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James E Savage
Town *Williams Del* County *Maricopa*

MARYLAND

Died at *Williams Del* Month *July* Day *4* Age *40* Years Months *—* Days *—*

Date of death 190 *7*

Sex *Male* Color or Race *White* Birth-place *Maricopa Ariz*

Occupation *Farmer Anna* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Lizzie Merson*

Father's Name *James Savage* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary Lewis* Mother's Birthplace *Maryland*

Name of person giving Information *L J Daisy* How related to deceased *infant*

CAUSES OF DEATH

120

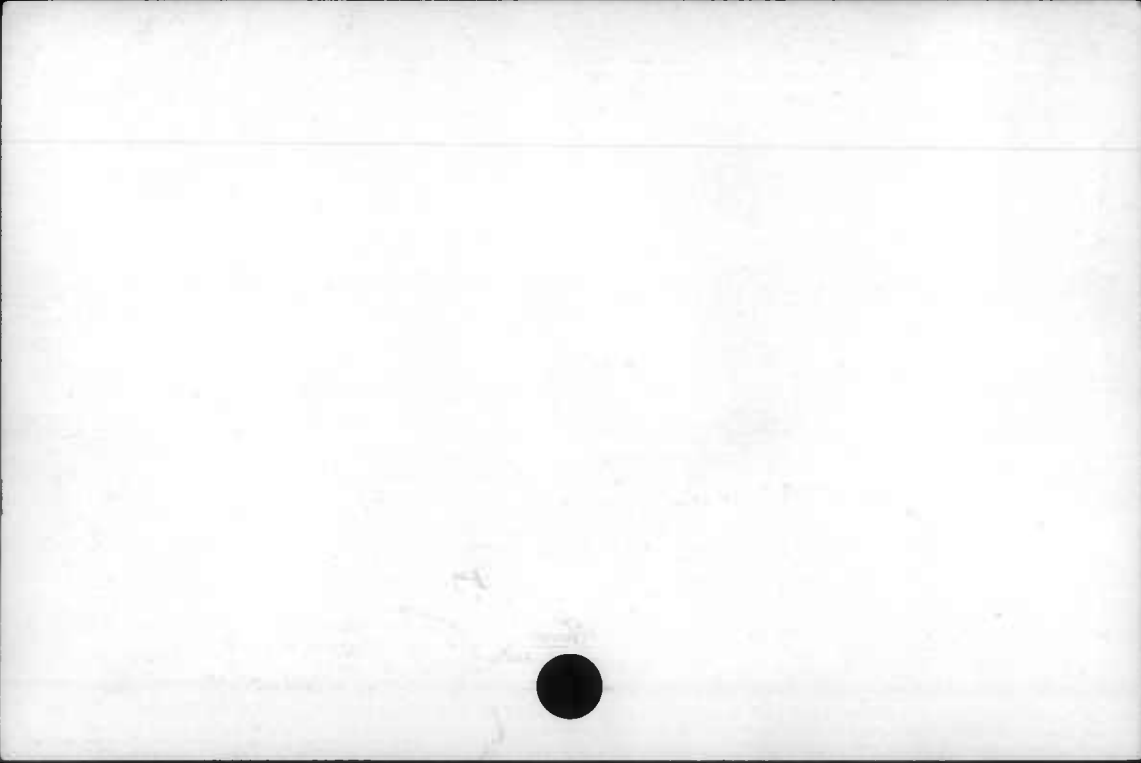
Primary *Bright's Disease* How long *2 weeks*

Immediate *Bright's Disease* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

R. Reymore Signature of Physician *John W James* Address *Williams Del*

Accident or Suicide



Name
in
Full

Luther Scofield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u>		County <u>Worcester</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>July</u>	Day <u>14</u>	Years <u>—</u>	Months <u>—</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>colored</u>		Birth-place <u>Snow Hill Ind</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Thomas Scofield</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Sarah Purnell</u>			Mother's Birthplace <u>Snow Hill Ind</u>		
Name of person giving Information <u>Sarah. Scofield</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

Primary Dead born

How long 8

Immediate

How long —

Are the name, age, sex, color, date and place correctly given above? yes

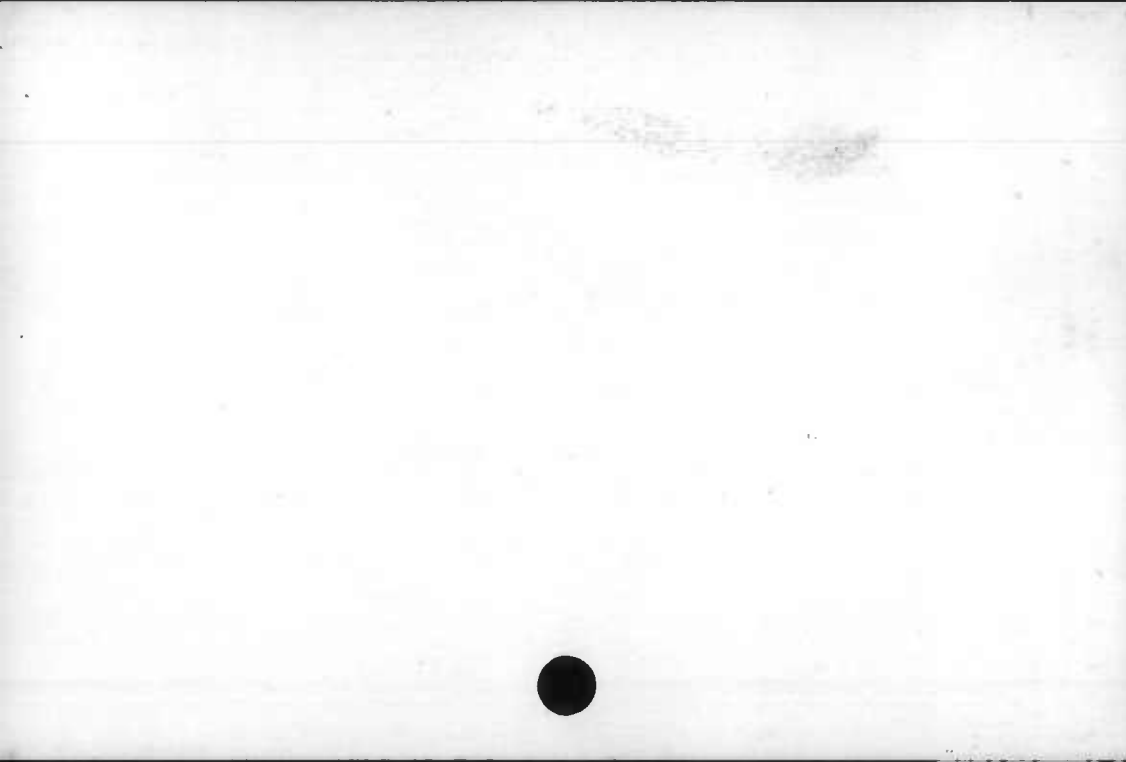
Signature of Physician

Address

John L. Riley
Snow Hill
Ind.

Accident or Suicide no

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Issachar Giff Shrockley
Town *Strockton* County *Worcester*

Died at *Strockton*

Date of death *1909 July*

Day *18*

Age *101*

Months *5*

Days

Sex *Male*
Occupation *Farmer*

Color or Race *White*

Birth-place *Maryland*

Where Reiding if not
at place of death

Married, Single
or Widowed *Widower*

Nama of Wife or
Husband

Martha Shrockley

Fathar's
Name *Issachar Shrockley*

Father's
Birthplace *Maryland*

Mother's
Maiden Nama *Unknown*

Mothar's
Birthplace *Unknown*

Name of person giving
Information *Alfred H. Shrockley*

How related
to deceased *Son*

CAUSES OF DEATH

Primary *Dysentery*
Exhaustion

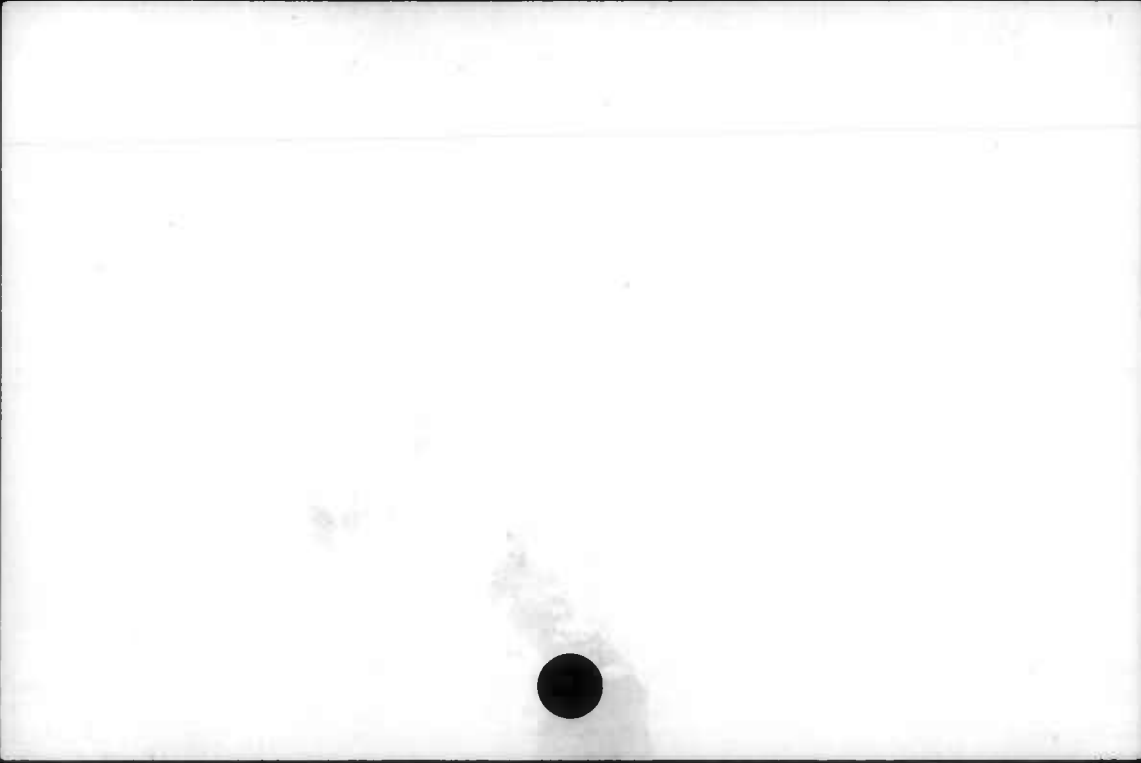
How long *10 days*
How long *3 days.*

Are the name, age, sex, color, date
and place correctly given above? *Yes*

Signature of
Physician

John D. Dickerson,
Strockton,
Md.

Accident or Suicida



Name
in
Full

CERTIFICATE OF DEATH

Margaret Clifton Smith,
Stockton, Worcester County

MARYLAND

Died at

Date

of death

1909

Month

7

Day

16

Age

Years

57

Months

Days

11

Sex

Female

Color or
Race

White

Birth-
place

Delaware

Occupation

Housekeeper

Where Residing if not
at place of death

Stockton Md.

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Thomas B. Smith

Father's
Name

Jonathan Wilkams

Father's
Birthplace

Delaware

Mother's
Maiden Name

Margaret C. Gostagins

Mother's
Birthplace

Delaware

Name of person giving
Information

Ada E. Waters

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Chronic Nephritis

120

How long

12 mos.

Immediate

Uremic Coma

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

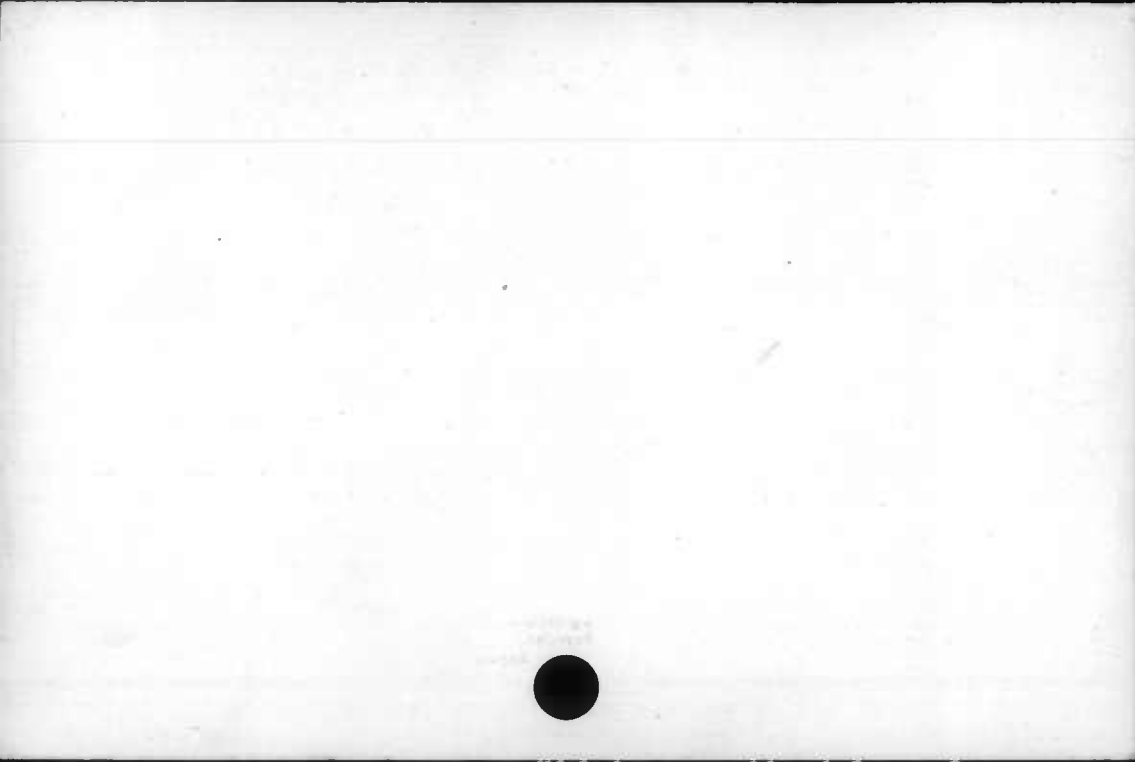
Address

John D. Dickerson,
Stockton,
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

183
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

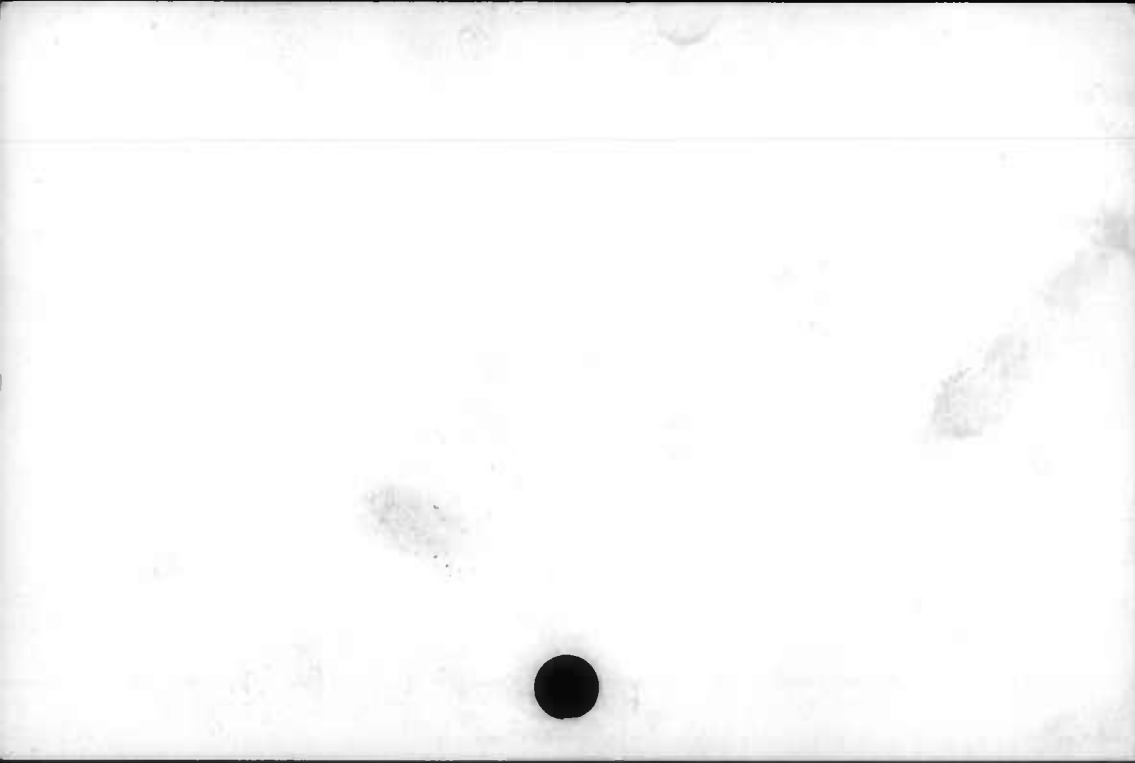
Name *Junie Spencer* Town *Pocomoke* County *Worcester*
Died at *Pocomoke* *Worcester* MARYLAND
Date of death 1909 July 8th. Age 50
Sex *Female* Color or Race *negro* Birth-place *Worcester County*
Occupation *Wk.* Where Residing if not at place of death
Married, ~~Single~~ *Married* Name of Wife or Husband *George S. Spencer*
Father's Name *George S. Spencer* Father's Birthplace *Worcester County*
Mother's Maiden Name *Harriette Perans* Mother's Birthplace *Worcester County*
Name of person giving Information *George S. Spencer* How related to deceased *Husband*

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary *Carcinoma of Uterus* How long *7 to 8 months*
Immediate *Exhaustion* How long
Are the name, age, sex, color, data and place correctly given above? *Yes*
Signature of Physician *F. A. P. Spencer*
Address *Pocomoke Md.*
Accident or Suicide



Name
in
Full

Edward J. Taylor

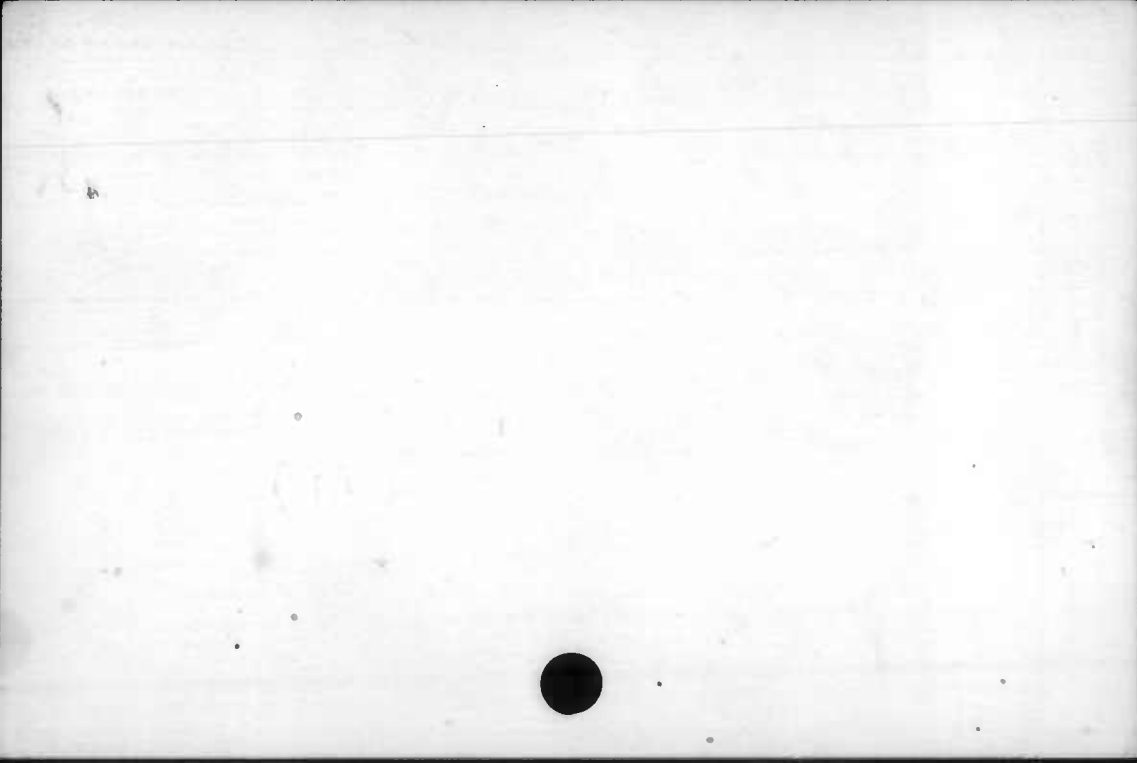
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Snow Hill		County Worcester		MARYLAND	
Date of death		Month July	Day 10	Age 56	Months 2	Days 3	
Sex male		Color or Race white			Birth-place Snow Hill		
Occupation farmer				Where Residing if not at place of death —			
Married, Single or Widowed single		Name of Wife or Husband —					
Father's Name James H. Taylor				Father's Birthplace Virginia			
Mother's Maiden Name Eliza J. Summers				Mother's Birthplace Virginia			
Name of person giving Information J. W. Taylor				How related to deceased Brother			

PHYSICIAN
OR CORONER

CAUSES OF DEATH		(99)
Primary	Chronic Bronchitis	
Immediate	Abscess of lung	How long 8 years
Are the name, age, sex, color, date and place correctly given above? yes		How long 3 weeks
Signature of Physician		Paul Jones Snow Hill, Md.
Address		
Accident or Suicida ✓		



PHYSICIAN
OR CORONER

Cordelia Simpson

CERTIFICATE OF DEATH

MARYLAND

Died at Near Whaleyville Nov

Date of death 1909 Month June Day 6 Years Age 75

Months

Days

Sex *Female* Color or Race *Black*

Birth-
place

Greensboro, Md.

Occupation *House Keeper*

Where Residing if not
at place of death

Married, Single
or Widowed *Single*

Name of Wife or
Husband

Unknown

Father's Name M. Kiranov

Father's Birthplace

Unknown

Mother's Maiden Name *Unknown*

Mother's Birthplace

11 11

Name of person giving information

John E. White

How related
~~to deceased~~

" " "
how is Lou

CAUSES OF DEATH

154

Primary Old Age

How long

1 year.

Immediate Heart Failure

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of Physician

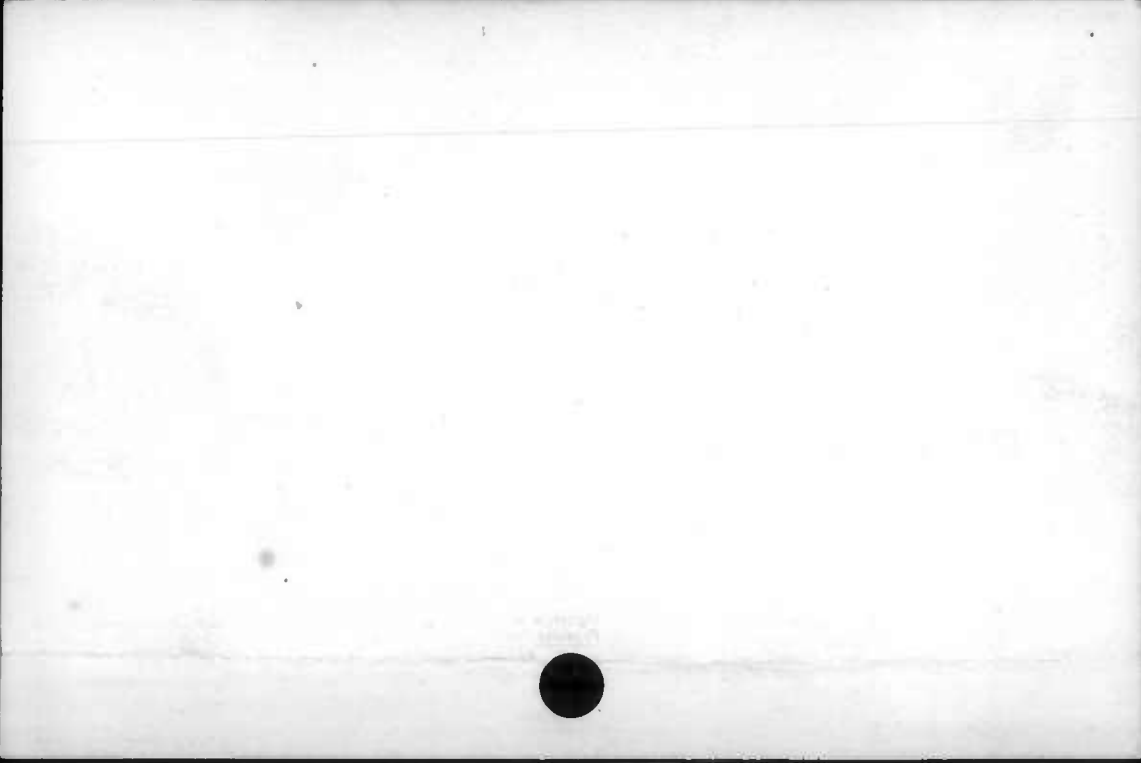
C A Holland

Address

Whaleyville
Ind

Accident or Suicide

No



Name
in
Full

Elisabeth Ladd

184
CERTIFICATE OF DEATH

Died at		Paramoke City		County		Worcester		MARYLAND	
Date of death		1909		Month		July		Day	
		14		Age		18		Years	
Sex		Female		Color or Race		Colored		Birth-place	
Occupation		Sprinter		Where Residing if not at place of death		11		A	
Married, Single or Widowed		Single		Name of Wife or Husband		—			
Father's Name		Henry Ford		Father's Birthplace		Worcester Co			
Mother's Maiden Name		Leah J. Marshall		Mother's Birthplace		" "			
Name of person giving Information		Emma Drummond		How related to deceased		Mother			

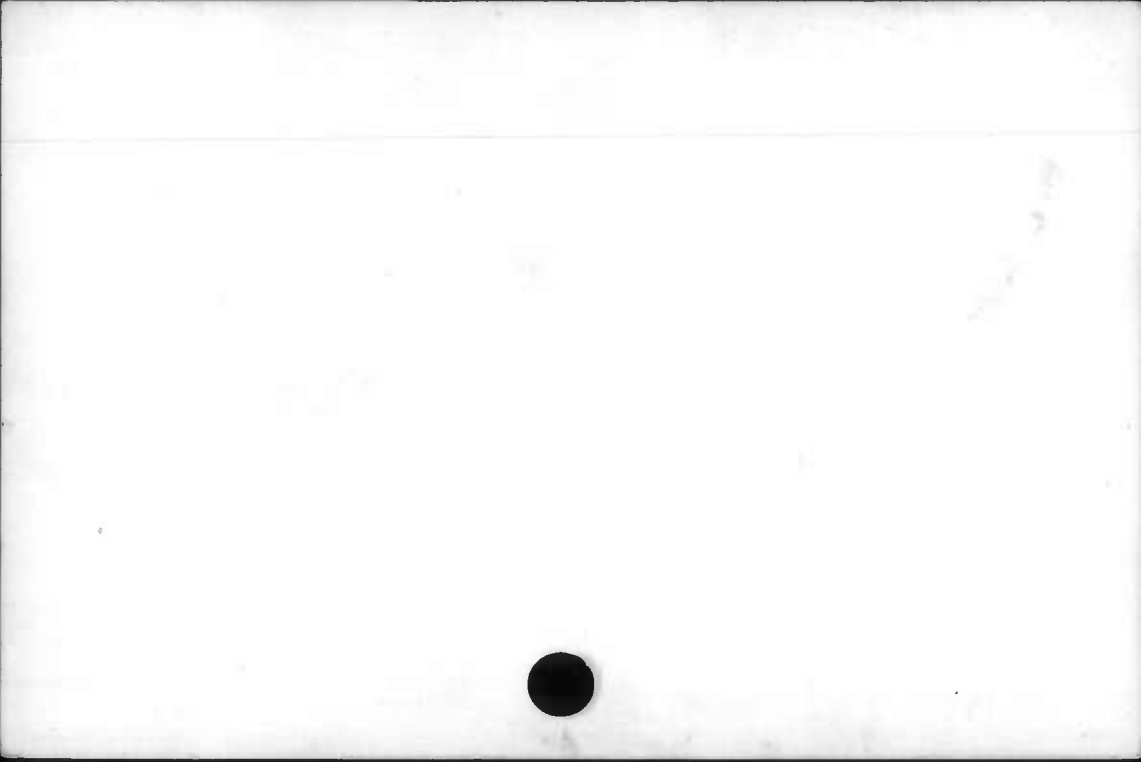
CAUSES OF DEATH

27

Primary	Pneumonia	How long	a year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	B. D. Lunn
		Address	Paramoke City
Accident or Suicide			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

189
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James W. Trull
Town *Paromok City* County *Worruster* MARYLAND

Died at *Paromok City*

Date of death 190 *9* Month *July* Day *21* Age *1* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Paromok City*

Occupation *Infant* Where Residing if not at place of death *Paromok City*

Married, Single or Widowed *1* Name of Wife or Husband *—*

Father's Name *E. James Trull* Father's Birthplace *Somerset*

Mother's Maiden Name *Annie Ross* Mother's Birthplace *Paromok City*

Name of person giving Information *James Trull* How related to deceased *Bro*

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

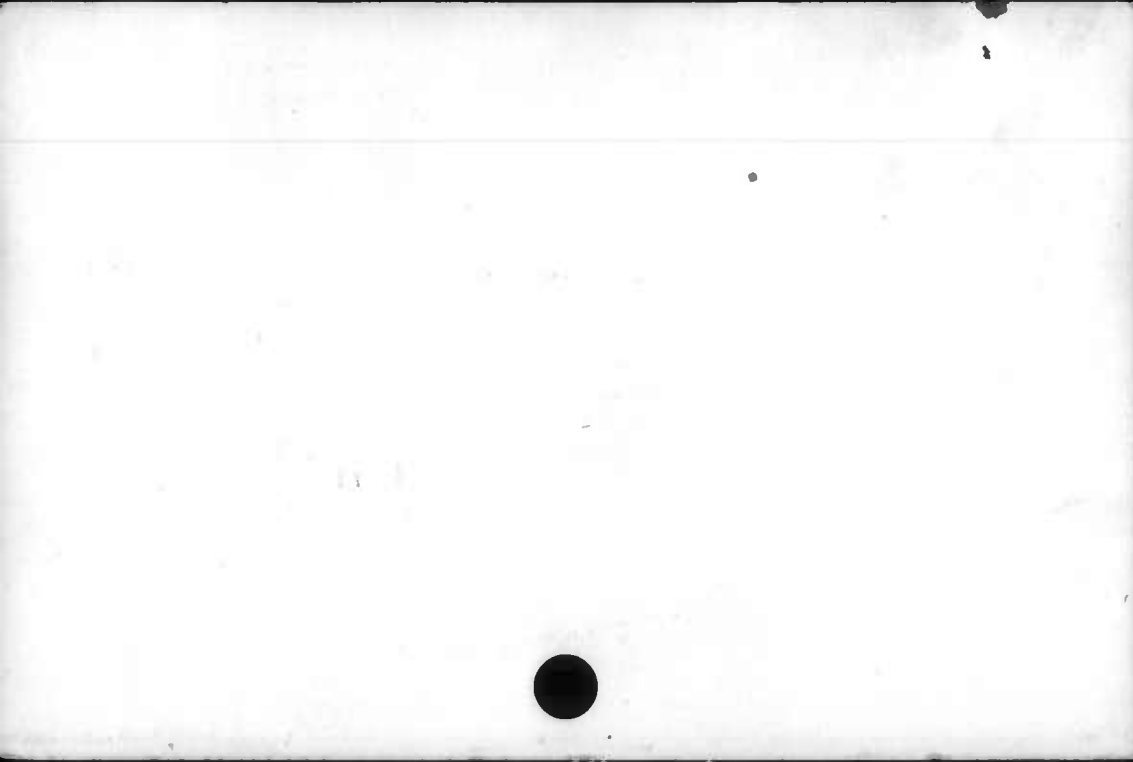
Primary *Peritonitis & Abscess* How long *6 days*

Immediate *Sepsis & Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Samuel S. Lunn* Address *Paromok City, Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1909 July

30th

Age

56

Months

10

Days

21

Sex

Female

Color or
Race

White

Birth-
place

Summit Hill, Md.

Occupation

Housekeeper

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Isabel P. Wharton

Father's
Name

Edward D. Wharton

Father's
Birthplace

Summit Hill

Mother's
Maiden Name

Fanny Richardson

Mother's
Birthplace

Caroline Co.

Name of person giving
Information

Isabel P. Wharton.

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Cancer of lining surrounding breast 6 months or longer

Immediate

Physical Exhaustion Heart failure a few hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. J. Parker, M. D.
Stockton Maryland

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

